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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

V32997

(1)

DOCUMENT #

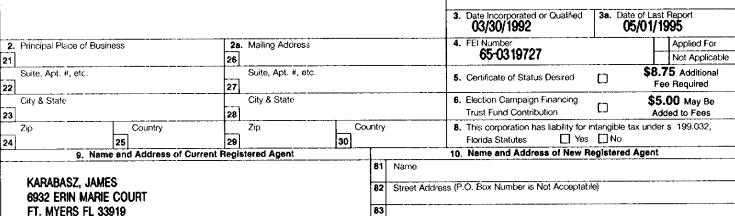
1. Corporation Name

71.05 MARIES (N

7.1	ΩF	NAPL	FS.	INC.
20	OI.	INCH E	LUı	HW.

Principal Place of Business Mailing Address

6932 ERIN MARIE COURT FT. MYERS FL 33919 6932 ERIN MARIE COURT FT. MYERS FL 33919



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

		4			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstaling? DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1. 1 TITLE	☐ Change ☐ Addition		
NAME	KARABASZ, JAMES	1.2 NAME			
STREFT ADDRESS	6932 ERIN MARIE COURT	1.3 STREET ADDRESS			
CITY-ST-ZiP	FT. MYERS FL	1.4 CITY - ST - ZIP			
TITLE	☐ DELETE	2. 1 TITLE	☐ Cnange ☐ Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS .			
CITY-ST-71P		2.4 CITY - ST - ZIP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3. STREET ADDRESS	•		
CITY-ST-ZIP		3 4 CITY-ST-ZIP			
TITLE	DELETE	4. 1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADORESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition		
NAME		5 2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DÉLETE	6. 1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CiTY-ST-ZIP		6.4 CiTY - ST - ZiP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

THE TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Caytime Phone a

CR2E034 (12/95)

Zip Code

85