

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V52160** (1)

1. Corporation Name  
**FANCY NANCY'S OF NAPLES, INC.**

Principal Place of Business  
**1193 3RD STREET SOUTH  
NAPLES FL 34102  
US**

Mailing Address  
**2265 ROYAL LANE  
NAPLES FL 34112-5387  
US**



3. Date Incorporated or Qualified **07/21/1992** 3a. Date of Last Report **07/30/1996**

2. Principal Place of Business 2a. Mailing Address  
4. FEI Number **65-0371237** Applied For  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HEUERMAN, PAUL K  
2640 GOLDEN GATE PARKWAY, #315  
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBASS, NANCY N</b>	
STREET ADDRESS	<b>374 13TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBASS, DAVID</b>	
STREET ADDRESS	<b>374 13TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBASS, DAVID</b>	
STREET ADDRESS	<b>374 13TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ABBASS, NANCY N</b>	
STREET ADDRESS	<b>374 13TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 oath; 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David J. Abbass*  
VICE PRES.

Date **1-11-97** Daytime Phone # **941-7953271**

0414996

CR2E034 (9/96)