SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V59768** **(4)**

1. Corporation Name

INTERCON OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~538 AUGUSTA BLVD.~~ ~~UNIT #30C~~ ~~NAPLES FL 33962~~ ~~US~~	3352 SANTIAGO WAY NAPLES FL 33942 US

2. Principal Place of Business: 21 4532 Tamiami Trl., E.,	2a. Mailing Address: 26 4532 Tamiami Trl., E.
Suite, Apt. #, etc: 22 401	Suite, Apt. #, etc: 27 401
City & State: 23 Naples, FL	City & State: 28 Naples, FL
Zip: 24 34112 Country: 25 U.S.A.	Zip: 29 34112 Country: 30 U.S.A.

3. Date Incorporated or Qualified: 08/24/1992	3a. Date of Last Report: 04/17/1995
4. FEI Number: 65-0362391	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Electron Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M
350 5TH AVE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: John F. Hooley
82 Street Address (P.O. Box Number is Not Acceptable): 4532 Tamiami Trl., E., Ste.401
83 Naples, FL
84 City: FL 85 Zip Code: 34112

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: John F. Hooley DATE: 7-24-96
Signature, typed or printed name of individual with authority to sign, and date, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZENKLUSEN, GERMAINE		1.2 NAME	
STREET ADDRESS	MUTSCHELLENSTRASSE 115		1.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND		1.4 CITY-ST-ZIP	
TITLE	~~VSD~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~WATTS, DEBRA C~~		2.2 NAME	
STREET ADDRESS	~~1520 BLUE PT AVE #103~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JoAnne Sherman		3.2 NAME	
STREET ADDRESS	1400 Forest Lakes Blvd.		3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JoAnne Sherman 7-24-96 (941)262-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #