


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

FILED  
Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. McArthur</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V59768 (4)</b> 1. Corporation Name <b>INTERCON OF NAPLES, INC.</b>					
Principal Place of Business <b>4532 TAMiami TRAIL E SUITE 401 NAPLES FL 34112 US</b>			Mailing Address <b>4532 TAMiami TRAIL EAST SUITE 401 NAPLES FL 34112-6783 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/24/1992</b> 3a. Date of Last Report <b>07/30/1996</b> 4. FEI Number <b>65-0362391</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HOOLEY, JOHN F. 4532 TAMiami TRAIL EAST SUITE 401 NAPLES FL 34112</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, JOANNE		2.2 NAME		
STREET ADDRESS	1400 FOREST LAKES BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	John F. Hooley	
STREET ADDRESS			3.3 STREET ADDRESS	4532 Tamiami Trl., E., Ste. 401	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Naples, Fla. 34112	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Hooley/Director 3/17/97 (0/1) 375 0000

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 25, 1997

INTERCON OF NAPLES, INC.  
4532 TAMiami TRAIL EAST  
SUITE 401  
NAPLES, FL 34112 US

SUBJECT: INTERCON OF NAPLES, INC.  
Ref. Number: V59768

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

The fee to file the enclosed annual report is \$165.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 497A00014852

/cf

*Called 4-3-97*  
*Jan*

*Called 4-2-31-97*  
*Jan*

*Needs a check for \$165.00 for message answering machine*

*JoAnn Skuman*  
*Intercon*

*BH*  
*4/13/97*



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Jat*

*Called 4-2-31-97  
Jat*

*Wrote a check for  
\$165.00 for message  
answering machine*

*John Skuman  
Intercon*

*B. A. [Signature]*