FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V60504** **(0)**

1. Corporation Name
NAPLES REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
4099 TAMIAMI TRL N 2ND FLR NAPLES FL 33940 US	4099 TAMIAMI TRL N 2ND FLR NAPLES FL 33940 US

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **08/26/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0352958** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election 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**

[illegible]

10. **Name and Address of New Registered Agent**

81 Name: STEINWAND, JOHN A.
82 Street Address (P.O. Box Number is Not Acceptable): 4099 TAMIAMI TRAIL NO.
83 NAPLES, FL 33940
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] — 5-23-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ DELETE
TITLE	V	☐ DELETE
NAME	ADAMS, LYNNE	
STREET ADDRESS	4099 TAMIAMI TRAIL N. 2ND FLOOR	
CITY-ST-ZIP	NAPLES FL	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	PC	☒	☐
1.2 NAME	STEINWAND, JOHN A.		
1.3 STREET ADDRESS	4099 TAMIAMI TRAIL NO.		
1.4 CITY-ST-ZIP	NAPLES, FL 33940		
2.1 TITLE	VT	☒	☐
2.2 NAME	SAROSDY, MARK		
2.3 STREET ADDRESS	4099 TAMIAMI TRAIL NO.		
2.4 CITY-ST-ZIP	NAPLES, FL 33940		
3.1 TITLE	400001851054	☐	☐
3.2 NAME	-06/04/96--01172--019		
3.3 STREET ADDRESS	***200.00		
3.4 CITY-ST-ZIP			
4.1 TITLE	D	☒	☐
4.2 NAME	HIIRONEN, JAMES		
4.3 STREET ADDRESS	4099 TAMIAMI TRAIL NO		
4.4 CITY-ST-ZIP	NAPLES, FL 33940		
5.1 TITLE	S	☐	☒
5.2 NAME	CONNOLLY, DONALD		
5.3 STREET ADDRESS	4099 TAMIAMI TRAIL NO		
5.4 CITY-ST-ZIP	NAPLES, FL 33940		
6.1 TITLE	D	☐	☒
6.2 NAME	DICKERSON, BARBARA		
6.3 STREET ADDRESS	4099 TAMIAMI TRAIL NO		
6.4 CITY-ST-ZIP	NAPLES, FL 33940		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address [illegible]

SIGNATURE: [signature], Pres — 2-21-96 — 941-262-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. STEINWAND

CR2E034 (12/95)