

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V73569 (8)**
1. Corporation Name
NAPLES/MARCO ACCOMMODATIONS AND TRAVEL, INC.



Principal Place of Business: **3401 N. TAMiami TRAIL SUITE 208 NAPLES FL 33940 US**
Mailing Address: **ONE SARASOTA TOWER, SUITE 404 2 N. TAMiami TRAIL SARASOTA FL 34236**

2. Principal Place of Business: **21 Suite 207**
2a. Mailing Address: **26 3401 N. Tamiami Tr.**
22. Suite, Apt. #, etc: **27 Suite 207**
23. City & State: **28 Naples, FL**
24. Zip: **29 33940** 25. Country: **30 USA**

3. Date Incorporated or Qualified: **10/20/1992** 3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0432092** 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
**GAUSE, W. PEYTON, JR.
ONE SARASOTA TOWER, SUITE 404
2 N. TAMiami TRAIL
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name: **Suite G**
82 Street Address (P.O. Box Number is Not Acceptable): **1717 Second St.**
83 City: **Sarasota** 84 State: **FL** 85 Zip Code: **34236**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STARR, CHARLES L. III	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BEVINS, DONALD C.	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GAUSE, W. PEYTON, JR.	
STREET ADDRESS	2 N. TAMiami TRAIL # 404	
CITY-ST-ZIP	SARASOTA FL	
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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gause, W. Peyton, Jr.	
1.3 STREET ADDRESS	1717 Second St., Suite G	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
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 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-261-7577
Daytime Phone #

CRZE034 (12/95)