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Apr 10 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 # **V73569 (8)**
1. Corporation Name
NAPLES/MARCO ACCOMMODATIONS AND TRAVEL, INC.



Principal Place of Business: **3401 N. TAMiami TRAIL SUITE 207 NAPLES FL 33940 US**
Mailing Address: **3401 N TAMiami TR SUITE 207 NAPLES FL 34103-3746 US**

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **05/21/1996**
4. FEI Number: **65-0432092**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** **34103** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
~~GAUSE, W. PEYTON, JR.~~
~~1717 SECOND ST SUITE G~~
~~2 N. TAMiami TRAIL~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent
81 Name: **Don Bevins**
82 Street Address (P.O. Box Number is Not Acceptable): **3401 N. Tamiami Tr. #207**
83
84 City: **Naples** FL 85 Zip Code: **34103**

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: *Donald C. Bevins* **Donald C. Bevins** DATE: **4/2/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: **DST** DELETE
NAME: ~~GAUSE, W. PEYTON JR~~
STREET ADDRESS: ~~1717 SECOND ST SUITE G~~
CITY - ST - ZIP: ~~SARASOTA FL~~
TITLE: **DP** DELETE
NAME: **BEVINS, DONALD C.**
STREET ADDRESS: **4030 GULF OF MEXICO DR.**
CITY - ST - ZIP: **LONGBOAT KEY FL**
TITLE: **DST** DELETE
NAME: ~~GAUSE, W. PEYTON, JR.~~
STREET ADDRESS: ~~2 N. TAMiami TRAIL # 404~~
CITY - ST - ZIP: ~~SARASOTA FL~~
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **DV** Change Addition
1.2 NAME: **Starr, Charles L.**
1.3 STREET ADDRESS: **4030 Gulf of Mexico Dr.**
1.4 CITY - ST - ZIP: **Longboat Key, FL 34228**
2.1 TITLE: **DP** Change Addition
2.2 NAME: **Bevins, Donald C.**
2.3 STREET ADDRESS: **3401 N. Tamiami Tr. #207**
2.4 CITY - ST - ZIP: **Naples, FL 34103**
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: Change 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: *Donald C. Bevins* **Donald C. Bevins** DATE: **4/2/97** Daytime Phone #: **941-261-7577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)