

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4:11

DOCUMENT # F12656 (7)
1. Corporation Name
DEL TURA CORPORATION

Principal Place of Business	Mailing Address
18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903	18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/23/1980	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2049170	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAGLE, HAROLD H. 18551 N. TAMiami TRAIL N. FORT MYERS FL 33903	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KANAVOS, PETER J., JR.
STREET ADDRESS	18621 N. TAMiami TR.
CITY-ST-ZIP	N. FT. MYERS, FL. 0
TITLE	V
NAME	BURGESON, RICHARD
STREET ADDRESS	18621 NO TAMiami TRL
CITY-ST-ZIP	NO FT MYERS FL
TITLE	VD
NAME	KANAVOS, MARK
STREET ADDRESS	18621 N. TAMiami TR.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	P
NAME	PETERS, ROBERT G
STREET ADDRESS	18621 N. TAMiami TR.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	VD
NAME	KANAVOS, PAUL C.
STREET ADDRESS	18621 N. TAMiami TRAIL
CITY-ST-ZIP	N. FORT MYERS FL
TITLE	ST
NAME	WAGLE, HAROLD H.
STREET ADDRESS	18621 N. TAMiami TRAIL
CITY-ST-ZIP	N. FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAL di VALENTIN
2.3 STREET ADDRESS	18621 N. TAMiami TRAIL
2.4 CITY-ST-ZIP	NO. FORT MYERS, FL.
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: *Harold H. Wagle* 1/18/95 (813) 731-2700
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR