

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

**APPROVED
AND
FILED**

1997 MAY 20 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F12656 (7)
1. Corporation Name
DEL TURA CORPORATION



Principal Place of Business 18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903	Mailing Address 18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903-1308
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3. Date Incorporated or Qualified 12/23/1980	3a. Date of Last Report 03/13/1996
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 21 18551 N. Tamiami Trail	2a. Mailing Address 26 18551 N. Tamiami Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 No. Ft. Myers, FL	City & State 28 No. Ft. Myers, FL
Zip 24 33903	Country 25 Lee
29 33903	30 Lee

9. Name and Address of Current Registered Agent
**WAGLE, HAROLD H.
18551 N. TAMiami TRAIL
N. FORT MYERS FL 33903**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: *Mark Hall* DATE: *4/28/97*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PETER J., JR.	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS, FL. 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, MARK	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, ROBERT G	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PAUL C.	
STREET ADDRESS	18621 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WAGLE, HAROLD H.	
STREET ADDRESS	18621 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18551 No. Tamiami Trail
1.4 CITY-ST-ZIP	No. Ft. Myers, FL 33903
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	18551 No. Tamiami Trail
2.4 CITY-ST-ZIP	No. Ft. Myers, FL 33903
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002185588-3
3.3 STREET ADDRESS	-05/20/97--01091--001
3.4 CITY-ST-ZIP	****368.75 ****165.00
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VDST
4.3 STREET ADDRESS	18551 No. Tamiami Trail
4.4 CITY-ST-ZIP	No. Ft. Myers, FL 33903
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 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: *[Signature]* DATE: *4/28/97* *94-731-2700*

CR2E034 (9/96)