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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation RETAIL		3 (3)		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1 (M1 130) 150 1 100 1	
Principal Place of Business 2640 GOLDEN GATE PKWY 102 NAPLES FL 33942		Mailing Address 2640 GOLDEN GATE PKWY 102 NAPLES FL 33942		1905 0 0 1 BAIR1 BAIR1 11997 1070	O IIII BABA BABA DIBII O	(011 616 1) 01011 1001	
					3. Date Incorporated or Qualified 03/20/1986	3a. Date of Las 04/07/	
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0017761		Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	ficate of Status Desired \$8.75 Additional	
City 8 State		City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip Country 24 25 25 9. Name and Address of Curre		7 p Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No. 10. Name and Address of New Registered Agent.		
	9, Maine Bild Address of Cutter	it neglatered Agent	81	Name	(U. Name and Address of New F	egistered Agent	
	THOMAS	82 Street Ad		Street Addr	dress (P.O. Box Number is Not Acceptable)		
)LDEN GATE PARKWAY, 102 FL 33942						
			84	City		85	Zip Code
44 5	000000000000000000000000000000000000000				coration submits this statement for the purpose of changing its registered office.		
or registere familiar with	i the provisions of Sections 607,0502 of agent, or both, in the State of Flori a, and accept the obligations of, Sect	da. Such change was authoriz	red by the com	iamea corpor oration's boar	ation submits this statement for the pur rd of directors. Thereby accept the appr	pose of changing i ointinent as registe	ts registered office red agent, I am
	Signature, typed or printers harve on registerest ages t		ilt. Bojetered Ages	1 Signatura de Jakos		DATE	
III.	OFFICERS AN	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
NAME	MURRAY, THOMAS		1.2 NAME			☐ v	,
STREET ADDRESS	2640 GOLDEN GATE PARKW	/AY, 102	13STHEET	ADDRESS			
CITY - ST - ZIP	NAPLES FL		14 CITY - S	7iP			
TITLE	ST CUMA CUMANION	DEFELE	2 1 TITLE 2 2 NAME			Chan	ge 🔲 Addition
NAME	ROLQUIN, SHANNON 2640 GOLDEN GATE PARKW	/AV 100					
STHEFT ADDRESS	NAPLES FL	IAT, IUZ	2.3 STREET				
CITY - ST - ZIP TITLE	TAN DEOTE	DELETE	2.4 CITY - S 3.1 TALE	(1 - Z(P		☐ Chan	ge Addition
NAME		<u></u>	3.2 NAME				as [1] Madillon
STREET ADDRESS			3.3 STREE	LADDRESS			
CITY - ST - ZIP			3.4 CIFY - S	i1 - ZIP			
TITLE		☐ DELETE	DELETE 4 11mle			☐ Chan	ge 🔲 Addition
NAME			4.2 NAMÉ				
STREET ADDRESS			4.3 STHEE!	ADDRESS			
CITY - ST - ZIP TITLE		□ DELETE	4.4 CHTY - S	II-ZIP	 	Chac	no 🗀 Addition
NAME			5 1 TITLE			☐ Chan	ge Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ampares			
CITY-ST-ZIP			5.4 CHTY - S				
TITLE	DELETE		6 11llcf			Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADORESS			63STREFT	ADDRESS			
CITY-S1-ZIP			6.4 CITY - S				
certify that oath; that I	the information indicated on this anni	hal report or supplemental arm pration or the receiver or trusto	nual report is tru eo empowered :	ie and accura	or the exemption stated in Section 119 ite and that my signature shall have the s report as required by Chapter 607, FI	same legal effect a	as if made under