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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|  | 1997   |  | DIVISION OF   | CORPOR       | ATIO         | ONS           |   |                |                     |              |
|--|--|--|---|--------------|--------------|---------------|---|----------------|---------------------|--------------|
|  | MENT # <b>K4</b><br>Dates, P.A.                          | 2294   | (4)   |              |              | -             |   |                |                     |              |
| DOD IIIC                                   | DATEO, TIA.  |  |   |              |              |               | I PERIODIA DE REGE METO ARAL DA   | 1884 1980 1980 |                     |              |
| Principal Plac                             | ce of Business   | Mailır   | ng Address  |              |              |               |   |                | FLEHI CHAN C        |              |
| 4082 BELAIR L<br>SUITE #20<br>NAPLES FL 33 |  | SUITE  | 4082 BELAIR LANE<br>Suite #20<br>Naples Fl 34103-3568 |              |              |               |   |                |                     |              |
|  |  |  |   |              |              |               | <ol> <li>Date Incorporated or Qualified</li> <li>10/31/1988</li> </ol>                    | 05/01          | of Last Re<br>/1996 | 3port        |
| ·  | Place of Business  | f  | ailing Address  |              |              |               | 4. FEI Number   |                | Ap                  | plied For    |
| Suite, Apt                                 | . #, etc   | 26 St  | uite, Apt. #, etc.                                    | ***          |              |               | 59-2918392  5. Certificate of Status Desired  | Du             | \$8.75 A            |              |
| City & Sta                                 | de   | C  | ty & State  |              |              |               | 6. Election Campaign Financing  |                | \$5.00              | May Be       |
| 23   | [ Country  | 28   |   | T - Co       | untry        |               | Trust Fund Contribution   |                | Added t             |              |
| 24] 34/D                                   | 3-3568 25  | (29)   | ,   | 30           | umay         | ,             | This corporation has liability for Florida Statutes                                       | Yes            |                     | 199.032,     |
| =11 =                                      | 9. Name and Addres                                       | s of Current Register                                | ed Agent  |              |              | ·····         | 10, Name and Address of New   | egistered Ag   | ent                 |              |
|  | iley, N. <del>R</del> ex                                 |  |   |              | 81           | Name          |   |                |                     |              |
| 1044 CASTELLO DR.                          |  |  |   |              | 82           | Street        | Address (P.O. Box Number is Not Accepta   | able)          |                     | <del></del>  |
|  | TE 106   |  |   |              | 83           | <del> </del>  |   |                |                     |              |
| NAF  | PLES FL 38940  |  |   |              | L            |               |   |                |                     | ···-         |
|  |  |  |   |              | 84           | City          |   | FL             | 85 -702             | 9903         |
| 11. Pursuant                               | to the provisions of Section                             | ons 607.0502 and 607.                                | 1508, Florida Statu                                   | tes, the a   | bov          | e-named       | corporation submits this statement for the<br>poration's board of directors. I hereby acc | purpose of c   | nanging its         | s registered |
| agent. L                                   | registered agent, or both,<br>am familiar with, and acce | nt the state of Florida.<br>pt the obligations of, S | ection 607.0505, F                                    | lorida Sta   | tute         | S.<br>S.      | poration's board of directors. I hereby acc   | abr rue appoi  | unen as             | registered   |
| SIGNATURE                                  |  |  |   |              |              |               |   | DATE           |                     |              |
| 12,  | Sugar neityped or primed halve o                         | FICERS AND DIRECTO                                   |   | 1E: Register |              | ent signature | required when reinstating)  ADDITIONS/CHANGES TO OFF                                      |                | DIRECTOR            | S IN 12      |
| 1016                                       | DP   |  | DELETE  | 1.11         |              |               |   | ·-,            | Change              | Addition     |
| NAME:                                      | MOATES, BOB  |  |   | 1.21         | AME          |               |   |                |                     |              |
| STREET ADDRESS                             |  | #20  |   | 135          | TREET        | T ADDRESS     |   |                |                     |              |
| City : \$1 - 7IP                           | NAPLES FL  |  |   | 1.4 (        | ITY-S        | ST-ZIP        | i   |                | 34                  | 103          |
| 1171[                                      | 1  |  | DELETE  | 2.17         |              |               |   | L              | Change              | Addition     |
| NAME                                       | ASHLEY, N. REX<br>1044 CASTELLO DR                       |  |   |              | IAME         |               |   |                |                     |              |
| STREET ADDRESS                             | NAPLES FL  | •  |   | 1            |              | I ADDRESS     | ,   |                | 34                  | 1/23 a       |
| CITY -ST-7P*                               | TWO DEOTE  |  | DELETE  | 3.11         |              | ST-ZIP        |   |                | Change              | Addition     |
| NAME                                       |  |  |   |              | IAME         |               |   | _              |                     | -            |
| STREET ADORESS                             |  |  |   |              |              | t address     |   |                |                     |              |
| CHY \$1-7-P                                |  |  |   | 3.4.         | CITY -       | ST-ZIP        |   |                |                     |              |
| mtf  |  |  | DELETE  | 4.11         | ITLE         | -             |   |                | Change              | Addition     |
| NAME                                       |  |  |   |              | NAME         |               |   |                |                     |              |
| STREET ADDRESS                             |  |  |   |              |              | T ADDRESS     |   |                |                     |              |
| CHTY-ST ZIP                                |  |  | DELETE  |              |              | ST-ZIP        |   |                | Change              | Addition     |
| TILE                                       |  |  | T' DEFEIE   | 1            | HTLE<br>NAME |               |   | L              | nimily c            | - Madicial   |
| NAML<br>cross Lkohotek                     |  |  |   |              |              | T ADORESS     |   |                |                     |              |

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 chapter 607, or on an attachment with an address.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CHY-SI-7P

STREET ADDRESS

CHY-ST ZIP

THLE

DELETE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

Daytime Phone #

0410845

Change Addition