SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUL 30 PM 1:20

Principal Place of Business 4712 S.E. 15TH AVE. A-2ND. FLOOR CAPE CORAL FL 33904 US	Mailing Address P.O. BOX 667 CAPE CORAL FL 33910	· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified	TE IN THIS SPACE 3a. Date of Last Report
	14. 11.00 11.11		10/29/1993	07/30/1996
2. Principal Place of Business 21 1225 56 4757.	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21 /2 2 >6 47 57. Sulte, Apt. #, etc.	26 Suite, Apt. #, etc.		65-0447551	- CO 75 Additional
22 211, 2Nd FLOOR	27		5. Certificate of Status Desired	Fee Required
City & Syste	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CAPE CORM, PL	28		Trust Fund Contribution	Added to Fees
24 Zip 3 3 904 25 Country S	Zip	Country 30	8. This corporation owes or has present the Personal Property Tax due Jur	
9. Name and Address of C	29 urrent Registered Agent	<u> 30 </u>	10. Name and Address of New F	
REA, GEORGE W		81 Name (2	EA CARA !	,
4712 SE 15TH AVE.		82 Street Ad	Idress (P.O. Box Number is Not Accept	oblo
STE. A-2ND FLOOR		62 Stie6t/A	122 56 477	STREGT
CAPE CORAL FL 33904		83 57	E 211 2 Nd E	Look
		84 City _		85 Zip Code
		CI	APE CORAL	FL 33914
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the 	7,0502 and 607,1508, Florida Statu State of Florida, Such change was	ites, the above-named co authorized by the corpor	orporation submits this statement for the ration's board of directors. Thereby acc	purpose of changing its registered ept the appointment as registered
agent. I am familiar with, and accept the	obligations of Section 607.0505, F	lorida Statutes	4	
agent. I am familiar with, and accept the	obligations of, Section 607.0505, F Ar IV REA	lorida Statuley	M. Jun 1	-25-97
agent. I am familiar with, and accept the SIGNATURE	obligations of, Section 607,0505, F W. J.B.A. gragint and title if applicable. (NC	TE: Resided Agent signature req	my Jen 7	- 25- 97 DATE
agent. I am familiar with, and accept the SIGNATURE Signature types of printed nance of register	obligations of, Section 607.0505, F Ar IV REA	lorida Statuley	M. Jun 1	- 25- 97 DATE
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I do nevery certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If but her 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.

7-25-97 941-5416871