

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000074332 (5)

1. Corporation Name
A TO Z MANAGEMENT OF BONITA SPRINGS, INC.



Principal Place of Business: 24181 S. TAMiami TRAIL SUITE 2 BONITA SPRINGS FL 33923
Mailing Address: 24181 S. TAMiami TRAIL SUITE 2 BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report: 02/06/1995
4. FEI Number: 65-0525354
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 9200 Bonita Beach Rd. Suite, Apt. #, etc.: 22 Suite 210 City & State: 23 Bonita Springs, Fl. Zip: 24 33923 Country: 25 Lee
2a. Mailing Address: 26 9200 Bonita Beach Rd. Suite, Apt. #, etc.: 27 Suite 210 City & State: 28 Bonita Springs, Fl. Zip: 29 33923 Country: 30 Lee

9. Name and Address of Current Registered Agent: STEWART, JAMES C JR. STEWART & STORTER, ATTORNEYS AT LAW 1725 COUNTY ROAD 951, SUITE 106 GOLDEN GATE FL 33999
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 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: [Signature] Signature typed or printed name of registered agent, or both, if applicable: [Name] (SEE FEI Registered Agent signature required when new filing) DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OPPLIGER, IRENE		1.2 NAME	
STREET ADDRESS: 24181 S. TAMiami TRAIL, SUITE 2		1.3 STREET ADDRESS	
CITY- ST- ZIP: BONITA SPRINGS FL 33923		1.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY- ST- ZIP:		2.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY- ST- ZIP:		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: [Signature] J. Opplinger pres. 03/19/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MONTH YEAR

CR2E034 (12/95)