

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086949 (2)
 1. Corporation Name
IONA VENTURE CORPORATION

Principal Place of Business 17499 MCGREGOR BLVD. FORT MYERS FL 33908	Mailing Address 17499 MCGREGOR BLVD. FORT MYERS FL 33908-2744
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 05/01/1996
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0537071	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NAUMANN, MARK 17499 MCGREGOR BLVD. FORT MYERS FL 33908		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLANS, LARRY	1.2 N/E	
STREET ADDRESS	15065 MCGREGOR BLVD.	1.3 S/EET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33908	1.4 C/ - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, ELLEN	2.2 N/E	
STREET ADDRESS	16998 CAPTIVA DR.	2.3 S/EET ADDRESS	
CITY - ST - ZIP	CAPTIVA FL 33924	2.4 Y - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLA, VANCE	3.2 N/E	
STREET ADDRESS	2417 WULFERT RD.	3.3 S/EET ADDRESS	
CITY - ST - ZIP	SANIBEL FL 33957	3.4 Y - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMANN, MARK	4.2 N/E	
STREET ADDRESS	17499 MCGREGOR BLVD.	4.3 S/EET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	4.4 C - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, RICK W	5.2 N/E	
STREET ADDRESS	17499 MCGREGOR BLVD.	5.3 S/EET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	5.4 C - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 T/E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 N/E	
STREET ADDRESS		6.3 S/EET ADDRESS	
CITY - ST - ZIP		6.4 C - 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE:  **RICK W. CARLTON** Date: **4-30-97** Daytime Phone #: **941-487-1333**

CR2E034 (9/96)