

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000086949 (2)**  
 1. Corporation Name  
**IONA VENTURE CORPORATION**



|  |  |
|--|--|
| Principal Place of Business<br><b>17499 MCGREGOR BLVD.<br/>FORT MYERS FL 33908</b> | Mailing Address<br><b>17499 MCGREGOR BLVD.<br/>FORT MYERS FL 33908</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                 |                       |                 |   |                                       |
|---|-----------------|-----------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business                  |                 | 2a. Mailing Address   |                 | 3. Date Incorporated or Qualified<br><b>11/30/1994</b>  |                                       |
| 21 Suits, Apt. #, etc                           | 22 City & State | 26 Suits, Apt. #, etc | 27 City & State | 4. FEI Number<br><b>65-0537071</b>  | Applied For<br>Not Applicable         |
| 23 Zip  | 24 Country      | 28 Zip                | 29 Country      | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 25  |                 | 30                    |                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent |                 |                       |                 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>NAUMANN, MARK<br/>17499 MCGREGOR BLVD.<br/>FORT MYERS FL 33908</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83   |  |  |  | 84 City   |  |
|  |  |  |  | 85 Zip Code <b>FL</b>                                 |  |

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 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NELLANS, LARRY       |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 15065 MCGREGOR BLVD. |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FORT MYERS FL 33908  |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | DV                   | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DUNBAR, ELLEN        |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 16998 CAPTIVA DR.    |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | CAPTIVA FL 33924     |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | D                    | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | JOLA, VANCE          |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 2417 WULFERT RD.     |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | SANIBEL FL 33957     |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | S                    | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NAUMANN, MARK        |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 17499 MCGREGOR BLVD. |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FORT MYERS FL        |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | T                    | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CARLTON, RICK W      |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 17499 MCGREGOR BLVD. |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FT. MYERS FL         |                                 | 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 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 changed, or on an attachment with an address.

CF2E034 (10/97)