

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

FILED  
May 08 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000030275 (7)

1. Corporation Name  
FITZKO, INC.

Principal Place of Business

10975 TAMiami TRAIL N  
NAPLES FL 33963

Mailing Address

10975 TAMiami TRAIL N  
NAPLES FL 34108-1932



|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business                              |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21  |         | 26                  |         | 04/01/1996  |                                |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| 22  |         | 27                  |         | 65-0652146  | Not Applicable                 |
| City & State  |         | City & State        |         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         |   |                                |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      |   |                                |
| 9. Name and Address of Current Registered Agent             |         |                     |         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| KOFER, PATRICIA<br>10975 TAMiami TRAIL N<br>NAPLES FL 33963 |         |                     |         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |                                |
|   |         |                     |         | 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                   |

9. Name and Address of Current Registered Agent

KOFER, PATRICIA  
10975 TAMiami TRAIL N  
NAPLES FL 33963

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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                       | KOFER, PATRICIA                   | 1.2 NAME  |   |
| STREET ADDRESS             | 10975 TAMiami TRAIL N             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL 33963                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KOFER, LUIGI                      | 2.2 NAME  |   |
| STREET ADDRESS             | 10975 TAMiami TRAIL N             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL 33963                   | 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 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.

SIGNATURE

Patricia Kofler

4/30/97

944 5914871

CR2E034 (9/96)