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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20 1998 8:00am
Secretary of State

Ĺ	1990	DIVISION OF C			J
	MENT # P9600 ET, INC.	0080983 (5)			
)	
Principal Plac	e of Business	Mailing Address			DIN BOTON (OKA) ODANO IDIAN IDIDO NAA FOOT
1420 SE 3RD ST. 1420 SE 3		1420 SE 3RD ST.			
CAPE CORAL US	FL 33990	CAPE CORAL FL 33990 US		DO NOT WRITE	E IN THIS SPACE
00	•	00		3. Date Incorporated or Qualified	
				10/01/1996	
<u>-</u>	lace of Business	2a. Mailing Address	oth Greet	4, FEI Number	Applied For
Suite, Apt.	#, etc.	26 005t 4	Jen Gireci		Not Applicable \$8.75 Additional
22		27 Gite C		5. Certificate of Status Desired	Fee Required
City & State	8	City & State	1 -11	6, Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 GAPE LONG	Country	Trust Fund Contribution	Added to Fees
24	25	20,22904	30 U.S.A	8. This corporation owes or has p Personal Property Tax due Juni	
	g. Name and Address of Curre			10. Name and Address of New R	
	DE, BLAIR		81 Name	S Plair of Ace	sociales, Inc.
1420 SE 3RD ST			82 Street Add	dress (P.O. Box Number is Not Accepta	
CAPE CORAL FL 33990			83	S SE yoth	Sveet,
			~ 6c	ite C	
			84 City	no Corm 1	FL 85 Zp5006
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statute	es, the above-named con	rporation submits this statement for the ation's board of directors. I hereby acce	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the o blig	∋ of Florida. Such change was a pations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.		,
SIGNATURE		CO			4-14-95
12.	Signature, typed or printed name of registered ac	en and title it applicable (NOTE ID DIRECTORS	Registered Agent signature requests 13.	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	LAIC
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	BLOKSMA, ROMKE		1,2 NAME		
STREET ADDRESS	1420 SE 3RD ST.		1.3 STREET ADDRESS		1
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change 🗌 Addition
NAME			2.2 NAME		et .
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADORESS 2.4 CITY-ST-ZIP	•	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ĺ
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	·	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ľ

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.

SIGNATURE:

S. de Xoons

4-14-97 94-549-9499