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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104504 (1)

W. A. LANDERS, COMPANY

NUERS, COMPANY

FILED Apr 24 1998 8:00am Secretary of State

 		4:48: 4:::: BALLE ALBE 1881
	ABIN BOID HIKI BOIN	

Principal Place of Business Mailing Address					1 145 (1881 114 19116 STILL SELLI		
2650 GULF SHORE BLVD. NORTH 2650 GU			GULF SHORE BLVD. NORTH				
SUITE 404			SUITE 404			DO NOT WRITE IN THIS SPACE	
NAPLES FL 3	MIUS	NAPLES FL 34103				3. Date incorporated or Qualified	
						12/31/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				73-0557980 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25		30			Personal Property Tax due June 30. Yes No	
	g, Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Registered Agent	
	RMER, AARON A			"	Name		
	IMMINGS & LOCKWOOD		ľ	B2	Street A	Address (P.O. Box Number is Not Acceptable)	
	01 TAMIAMI TRAIL NORTH		F	63			
N.A	PLES FL 34103		L				
				64	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove	-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Stati	ites.		to a local and a line and a line and a local and a loc	
SIGNATURE	Signature, typed or printed name of registered agen	Lend title if engly able /NOTE	Danistared	Ager	nt tignal va	required when reinstating) DATE	
12.	OFFICERS AND		13.	7190	ii eigriaici e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-6-	DELETE	1.1 TIT	LE	· · · · I	D/P/ Change Addition	
NAME	LOEFFLER, WALTER		1.2 NA	ME			
STREET ADDRESS	2650 GULF SHORE BLVD, NO	RTH. SUITE 404	13 ST	REET A	ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103	,	1.4 CIT		1		
TITLE		DELETE	2.1 TIT			S/T Change Addition	
NAME			2.2 NA	ME		Loeffler, Jr., Walter B. 2650 Gulf Shore Blvd, N.	
STREET ADDRESS			2.3 \$11	REET	ADDRESS		
CITY-ST-ZIP			2.4 (1	IY-S	T-ZIP	Naples, FL 34103	
TITLE		DELETE	3.1 TIT	LE		V Change Addition	
NAME			3.2 NA	ME		Loeffler, Margaret A. H.	
STREET ADDRESS			3.3 ST	REET	ADDRESS	2650 Gulf Shore Blvd. North	
CITY-ST-ZIP			3.4. Çî	TY - S	T-ZIP	Naples, FL 34103	
TITLE		☐ DELETE	4.1 TIT	LE		Change Addition	
NAME			4.2 N	ME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-\$1	T-ZIP		
TITLE		☐ DELETE	5.1 TIT	LE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY-ST-ZIP			5.4 CI1		T-ZIP		
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET	adoress		
CITY-ST-ZIP			6.4 CIT	Y - ST	T-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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.

CICNIATUDE:

Welter B. Lochler

4-14-98

(941) 643-5776

SR2E034 (10/97)