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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V15936** 

(0)

ELLEN P. HENDERSON, P.A. Principal Place of Business Mailing Address POST OFFICE BOX 1141 **B19 CHESTNUT COURT** MARCO FL 34146-1141 MARCO FL 33937 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0315049 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country Z(p)30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HENDERSON, ELLEN P. 819 CHESTNUT CT. 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or prioted name of registered agent and title 4 applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Add₁tion TIFLE 1.1 TITLE Change HENDERSON, ELLEN P NAME 1.2 NAME P. O. BOX 1141 N/A STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-7P 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME , STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-7/ 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-7/P 3.4. CITY - ST - ZIP DELETE 4.1 THILE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-S1-ZIP 4.4 CITY - ST - ZIP □ DELETE 5.1 T(T) F Change Addition TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST-ZIP 900002144509 -04/16/97--01006--007 \*\*\*165.00 DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the poor or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ratign or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual re I am an officer or director of the corp appears in Block 12 or Blo k 13 if ch or on an attachment with an address 65 MOURED

6.4 CITY - ST - ZIP

SIGNATURE:

CHY-ST-ZIP

4-18-90 941-394.4588

**FILED** 

Apr 15 1997 8:00am

Secretary of State