FILE NOW: FILING FEE AFTER MAY 1 IS \$550000

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT F STATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPOR ATIONS

1997

DOCUMENT # L22352

(3)

FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 170 9TH ST. S.W. NAPLES FL 33964 NAPLES FL 34117-2133								
						3. Date Incorporated or Qualified 10/11/1989	3a. Date of Last 05/09/1996	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				59-2971907		Not Applicable
Suite, Apt	: #, etc	Suite, Apt. #, etc).			5. Certificate of Status Desired		Additional Required
City & Sta	ite	City & State				6. Election Campaign Financing		May Be
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		d to Fees
Z;p 	Country	Zip	<u> </u>	untry	1	8. This corporation has liability for in		r s. 199.032
24	25 25 Name and Address of Cu	29 rrent Registered Agent	30	η_		Florida Statutes	Yes No	
110		Hour negleteled Agent		81	Name	10. Italia sult Addisse of Has Ital	Pater DO Agent	
LULICH, JOHN 170 9TH STREET, S.W.					<u> </u>			
NAPLES FL 33964				82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
11/1/	CLO 1 L 00007			63				
					Ott.		last 7	in Cada
				84	City		FL B5 Z	ip Code
office or agent. Li	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed hame of registers					poration submits this statement for the pution's board of directors. I hereby accept	the appointment	as registered
12.		AND DIRECTORS	13.		eus eiðustnus tedn	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PT	DELET		TITLE		71007701030101110101101	Chang	
NAMÉ	LULICH, JANINE		1.21	NAME				
STREET ADDRESS	JEA ATH AT AND		1.3	STREET	ADDRESS			
CHTY - ST - ZIP	NAPLES FL 33964		1.41	CITY - S	ST-ZIP			
THLE	V	☐ DELET	E 2.1	TITLE			☐ Chang	e Addition
NAME	LULICH, JOHN		2.21	NAME				
STREET ADORESS	•		2.33	STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 33964				ST-ZIP			
TITLE	S ANTOINETTE	☐ DELET		TITLE	}	•	L Chang	e Addition
NAME PROFES ASSOCIATION	GREENE, ANTOINETTE 4495 28TH AVE. S.W.			NAME				
STREET ADDRESS	NAPLES FL 33999				ADDRESS			
CITY+S1-ZIF TITLE	IVV LLO I L 00888	DELE1		DITY-S	ST- ZIP		Chang	e Addition
NAME		La pecer		NAME	` }		Land Green's	- La ragillon
STREET ADDRESS					ADDRESS			
City-\$1-ZiP			5	CITY-S	- 1			
TITLE		☐ DELET		TITLE			☐ Chang	e Addition
NAME			5.2	NAME	\			
STREET ADDRESS			5.3	STREET	ADORESS			
CITY-S1-20P				CITY-S	ST-ZIP			
Till		☐ DELET		TITLE			Chang	e Addition
NAME			6.2	NAME	\		•	
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIF				CITY-S				
						d in Section 119 07/3\(ii) Florida Statutos		

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 comportation 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: