## 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

## Apr 15 1997 8:00am Secretary of State

1. Corporation SOUTHV  Principal Place 3451 BAILES S BONITA SPRIN	4-7535							
					3. Date Incorporated or Qualified 06/06/1988	1	ato of Last R 16/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt.	# 010	Suite, Apt. #, etc.			65-0059014   Not Applicable   \$8.75 Additional			
22	#, O.C.	27			5. Certificate of Status Desired		Fee Re	
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip 34/			Country 30	8. This corporation has liability for intangible tax under s. 199.032, florida Statutes Yes No				
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New I	Registered	Agent	
SNEAD, ROBERT B 3451 BAILES ST						·		
	IITA SPRINGS FL 33923		82	82 Street Address (P.O. Box Number is Not Accep		able)		
			83					
			84	City			<b>85</b> Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti				-named core	FL   65   7.0 code named corporation submits this statement for the purpose of changing its regis			s registered
office or r	egistered agent, or both, in the State or familiar with, and accept the obliga	of Florida. Such change was a strons of Section 607 0505. Flo	authorized by orida Statutos	the corpora	tion's board of directors. I hereby acc	ept the ap	nointment as	registered
SIGNATURE								
12.	Signature typed or printed name of registers Fage OFFICERS ANI	to the contract of the contrac	I Hogisten d Age	nts graturi recei	ard when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIBECTOR	
TITLE	PT DELETE		1.1 TILLE		ADDITIONAJOR MOLO TO OTT	101.1107114	☐ Change	Addition
NAME	SNEAD, ROBERT B.		1.2 NAML	}				
STREET ADDRESS 3451 BAILES STREET		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BONITA SPRGS FL		14 CBY- S1-78*					
TIFLE NAME	VPS DEITIE SNEAD, JANET B.		2 1 1171 f 2 2 NAME				L Change	Addition
STREET ADDRESS	3451 BAILES STREET		2.3 STREEL ADDRESS					1
CITY-ST-ZIP	- 5-47-1 AODAG		2 4 C(1Y - S1 - Z(P					
TITLE		DETETÉ 3					Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			34. CITY- S	1-7/P			Change	Addition
TITLE			4.1 111(1)				Change	Addition
NAME Street address	NARESS		4.2 NAMI 4.3 STREET ADDRESS					
CITY-ST-ZIP	į		4.4 CHY+\$1-2IP					
TITLE	DOLLIE		5.1 TOLE				☐ Change	Addition
NAME			5.2 NAME				_	
STREET ADDRESS			53 STHEFT	ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - 7IP					
TIFLE DELFTIE		61 1111.6				Change	☐ Add:tion	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			6.4 City - Si	- 201				J

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 eath; 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