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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000041329 (1)

SECUNO	Olyhvi, INC.						
Principal Place	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	-{	I ad ini diadi ikoko kika ikono kon kodi	
3300 VALENCIA DRIVE NAPLES FL 33964		3300 VALENCIA DRIVE NAPLES FL 34120-1451					
					3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 08/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		Suite, Apt. #, etc.		65-0432755	Not Applicable		
Suito, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be		
23	Country	28 Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
24	25	29	30	,		Yes No	
<u></u>	9. Name and Address of Currer		1001	····	10. Name and Address of New Re		
HAU	SLER, GARY J		81	Name			
601 ELKCAM CIRCLE			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
	TE B-3					· · · · · · · · · · · · · · · · · · ·	
MAR	ICO ISLAND FL 33937		83				
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the abov	e-named corpo	oration submits this statement for the p	purpose of changing its registered	
office or n	egistered agent, or both, in the State	of Florida, Such change was	authorized b	y the corporation	oration submits this statement for the pon's board of directors. I hereby accep	ot the appointment as registered	
	Name and accept the cong	Z	ionoa biaioi	· .		4-16-97 DATE	
SIGNATURE	Signature, typical or printed name of required ag-	ert and title if applicable (NC	TE: Registered A	ent signature require	d when reinstating)	DATE	
12.	,	D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 Titue			Change	
NAME	BORDEN, CHERYL N		1,2 NAME				
STREET ADDRESS	3300 VALENCIA DR.		1.3 STREE	T ADDRESS			
City - St - ZiP	NAPLES FL 33964		1.4 CITY -	ST-ZIP			
THILE	D CHARLES AND	☐ DELETE	21 TITLE			Change Addition	
NAME	SWINGLE, KENNETH M		2.2 NAME		·		
STREET ADORESS	3300 VALENCIA DR.			T ADDRESS			
CITY-ST-ZIP	NAPLES FL 33964	DELETE	2. 4 CITY-	ST - ZIP		Change Addition	
Till) (L.J PILLE	3.1 TITLE 3.2 NAME			FT Avenue FT Variation	
NAME CROSS LABORES				T 4 DODDECC			
STREET ADDRESS				T ADDRESS			
CITY - ST - 71F		☐ DELETE	3.4. CITY-	31. EIF		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-SI-ZIP			4.4 CiTY-		•		
TITLE		DELETE	5.1 TITLE	V1 64		Change Addition	
NAME			5.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-SE-ZIP			5.4 CITY-			ļ	
TITLE		☐ DELETE	6.1 TITLE	-		Change Addition	
NAME:			6.2 NAME	-		Į	
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY - ST - ZIP

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 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.

FILED

Apr 24 1997 8:00am

Secretary of State