

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 OCT -6 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004820 (4)**
1. Corporation Name

ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC.

Principal Place of Business 236 3RD ST N NAPLES FL 34102	Mailing Address P O BOX 2741 NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent SOUTHEAST PROFESSIONAL SVS OF FT MYERS, INC 13611 MCGREGOR BLVD, SUITE 3 FT MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name David J Mitchell 82 Street Address (P.O. Box Number is Not Acceptable) 236 3rd Street N 83 84 City Naples FL 85 Zip Code 34102	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **9/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE President	NAME David J. Mitchell	1.1 TITLE President	1.2 NAME David J. Mitchell
STREET ADDRESS 236 3rd St N	CITY-ST-ZIP Naples, FL 34102	1.3 STREET ADDRESS 236 3rd Street N	1.4 CITY-ST-ZIP Naples, FL 34102
TITLE Vice President	NAME Fred Masco	2.1 TITLE	2.2 NAME
STREET ADDRESS 4838 Tahiti Ln.	CITY-ST-ZIP Naples, FL 34112	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE Secretary/Treasurer	NAME Daniel H. Galvin	3.1 TITLE	3.2 NAME
STREET ADDRESS 251 3rd St. N.W.	CITY-ST-ZIP Naples, FL 34120	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* DATE: **9/15/97** (441) 434-0358

CR2E037 (4/97)