## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation NAPLE		3 (9)			
Principal Place of Business 2447 PINE STREET NAPLES FL 33962		Mailing Address 2447 PINE STREET NAPLES FL 33962			DIDII DIRIA DIDII DIBII BIAIR DIRII 1801
				3. Date Incorporated or Qualified 3a 12/23/1955	Date of Last Report 07/11/1995
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 59-0759689	Applied For Not Applicable
Suite, Apit. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	· · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>!3</b> ] Zip	Country	<b>28</b>	Country	8. This corporation has liability for intang	Added to Fees
24	25 9. Name and Address of Current I	29 Registered Agent	30	Florida Statutes Yes   10. Name and Address of New Regist	
135 MUI	CARL MARK RFIELD CIRCLE FL 33962	J	81 Name 82 Street Addr 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE S	i, and accept the obligations of, Section  Granting, by 3 or protest rand of registered agent an  OFFICERS AND I	) 607.0505, Florida Statute d site if appressive (r DIRECTORS	SS.  NOTE: Registered Agont signature require  13.	d of directors. I hereby accept the appointment of menstating and menstating appropriate ADDITIONS/CHANGES TO OFFICER:	DATE S AND DIRECTORS IN 12
NOTE  AAM: STREET ADDRESS  CHY-ST-ZIP	FINGER, CARL MARK 135 MUIRFIELD CIRCLE NAPLES, FL 00000	☐ DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY STIZIP	V SCHEIDER, LARRY L. 5667 RATTLESNAKE HMK. NAPLES, FL 00000	□ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CPY - ST - ZP		☐ Change ☐ Addition
NAME STREET ADDRESS OBY-SI-ZIF	S Finger, Martha 135 Muirfield Circle Naples Fl	☐ DELETÉ	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 GITY-ST-ZIP		☐ Change ☐ Addition
THUE NAME STREET ADDRESS CHY-S1-ZIP		☐ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST- ZIP		☐ Change ☐ Addition
THUE NAME STREET ADDRESS CHY ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6 1 TITLE 62 NAME 63 STREFT ADDRESS 64 CITY-ST-7IP		☐ Change ☐ Add:tion
14. I do hereby certify that oath; that I	the miormation indicated on this annual	report or supplemental ar tion or the receiver or trusi	rnished and does not qualify f nual report is true and accura- tee empowered to execute thi	or the exemption stated in Section 119.07(3) ite and that my signature shall have the same s report as required by Chapter 607, Florida	e lenal effect es if made unde

SIGNATURE: Marcha L. Finger 1/26/96 941/774-4969