## 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

## DOCUMENT # 203448

(6)

ROTONDA WEST UTILITY CORPORATION

Principal Place of Business Mailing Address							T I BANIN LINII ADIDA LIVIL NIDIN BIDAN DIDAN				
9494 PLACIDA ROAD CAPE HAZE FL 33946		P.O. BOX 3509 CAPE HAZE FL 33946-35	P.O. BOX 3509 CAPE HAZE FL 33946-3509								
							3. Date Incorporated or Qualified 06/17/1957		te of Last 7/1996	Report	
	lace of Business	2a. Mailing Address					4. FEI Number			Applied For	
21	**************************************	26					59-1155885			Vot Applicable	
Suite, Apt.		Suite Apt. #, etc.					5. Certificate of Status Desired	<b>138</b>		Additional Required	
City & State		City & State					6. Election Campaign Financing	_		May Be	
<b>23</b>	Country	28 Zip		Country			Trust Fund Contribution			to Fees	
24	25	29	30	Country			This corporation has liability for li     Florida Statutes		tax under ] No	s. 199.032,	
	9. Name and Address of Cui		[30]				10. Name and Address of New Reg		_		
ALEX	ANDER, LARRY B.	······································		61	Name	<del>,</del>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	S. FLAGLER DR			-	<u> </u>						
	E 1100			82	Street	Addres	ss (P.O. Box Number is Not Acceptab	ie)			
WES1	T PALM BEACH FL 33401-34	75		83							
				84	City				<b>85</b> Zip	Code	
44 5								FL		<del></del>	
office or re	to the provisions of Sections 607 o egistered agent, or both, in the St	0502 and 607.1508, Florida Sta tate of Florida. Such change wa	tutes, th s autho	rized by	e-named the co	d corpo rporatio	ration submits this statement for the prin's board of directors. I hereby accep	urpose of	changing pintment a	its registered	
agent. Lar	m familiar with, and accept the of	digations of Section 607.0505,	Florida	Statute	<b>S</b> .	,	,	· · · · · · · · · · · · · · · · · · ·		0 /08/0/0/04	
SIGNATURE											
12.	Signation, typed or purified name of registeres CARREST OF	AND DIRECTORS		istered Age	ent signatur	re required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	200 141 40	
THILE	DPST	DELETE		1.1 TITLE	·····	Т	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change		
NAME	LITTLESTAR, GARY D.			1.2 NAME					L Change	L. Addition	
STREET ADDRESS	4005 CAPE HAZE DR.		9		ADDRESS						
CITY-ST-ZIP	CAPE HAZE FL			1.4 CITY - S							
TITLE		DELETE		2.1 TITLE	oi - Zir				Change	Addition	
NAME				2.2 NAME					ورايدان س	reculton	
STREET ADDRESS					ADDRESS						
CITY-ST-2IP				2. 4 CITY - :							
TITLE	**************************************	DELETE		3.1 TITLE	31 211	+			Change	☐ Addition	
NAME			3	3.2 NAME				**			
STREET ADDRESS				3.3 STREET	ADDRESS						
CHY-ST-ZIP				3.4. CITY-S	ST - ZIP						
TITLE		☐ D£LETE	_	4.1 TITLE		Ť			Change	Addition	
NAME				4 2 NAME							
STREET ADDRESS			4	4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T - ZIP						
TITLE		☐ DELETE		5.1 TITLE	,				Change	Addition	
NAME			5	5.2 NAME							
STREET ADDRESS			5	5.3 STREET	ADDRESS						
CITY - ST - ZIP				5.4 CITY - S	T-ZIP	ļ					
TITLE		☐ DELETE	. 6	6.1 THTLE					Change	Addition	
NAME			6	5.2 NAME							
STREET ADDRESS			€	5.3 STREET	ADDRESS						
City - St - ZiP	a south that the info	and all all all a		6.4 CITY - S							
information Lam an of	ry cereity that the Information supp n indicated on this annual report- ficer or director of the corporation i Block 12 or Block 13 if changing	or sypplemental annual report is	s true ar owered	nd accu to exec	ırate and	d that m	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 607, Florida St	effect as	if made ur	nder oath: that	

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 941-697-1300

**FILED** 

Jan 23 1997 8:00am

Secretary of State