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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business	Mailing Address 13131 HICKORY GROVE CT FT MYERS FL 33905 US			
13131 HICKORY GROVE CT FT MYERS FL 33905 US				
2. Principal Place of Business	2a, Mailing Address			
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FILED Feb 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					WIT GEOIT OIGH BIWH BINK IMAL	
13131 HICKORY GROVE CT FT MYERS FL 33905 US		13131 HICKORY GROVE CT FT MYERS FL 33905 US		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 06/07/1973 	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1670197	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	Ө	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	B. This corporation owes or has paid the o	<u> </u>
24	25 Name and Address of Current		<u>[0]</u>		Personal Property Tax due June 30. 10 Name and Address of New Registers	Yes X No
		Marcian Wasiir	81	Name	In the state of th	v signit
	GERS, CARL JAMES					
	I31 HICKORY GROVE CT Myers FL 33905		82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
. rı	M1EU2 LF 33802		63			
				ļ		
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutos	, the abov	e-named corr	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State of	Florida, Such change was au	thorized b	y the corporat	tion's board of directors. I hereby accept the a	ppointment as registered
	ion familiar with, and accept the offigati	ars or, section our occup, mon	ua statute	3.		
SIGNATURE	Signature, typed or printed name of regelered agent	and title 4 applicable (NOTE:	Registered Ag	iuper erutengia tno	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE.	1.1 TITLE			Change Addition
NAME	ROGERS, CARL JAMES		1.2 NAME	İ		
STREET ADDRESS	13131 HICKORY GROVE CT		13 STREE	T ADDRESS		li
CITY-ST-ZIP	FT MYERS FL 33905		1.4 CITY-	ST-ZIP		
TITLE	VP	☐ DELFTE	2.1 TITLE			☐ Change ☐ Addition
NAME	ROGERS, NORA JUANITA		2.2 NAME			
STREET ADDRESS	13131 HICKORY GROVE CT		2.3 STREE	T ADDRESS		
CITY+S1-ZIP	FT MYERS FL 33905		2. 4 CITY -	\$T-ZIP		
TITLE	ST	DELETE	3.1 TITLE	ļ		Change Addition
NAME	ROGERS, TUNIS GRACE		3.2 NAME	ļ		
STREET ADDRESS	13131 HICKORY GROVE CT		3 3 STREE	T ADDRESS		
CfTY-ST-ZIP	FT MYERS FL 33905	·····	3.4. CITY-	ST-ZIP		
TITLE		[DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			1
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-2IP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			1	ADDRESS		Į.
CITY-ST-ZIP		DELETE	5 4 CITY-	ST-ZIP		Change Addition
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			•
STREET ADDRESS			•	T ADDRESS		
AITY OF BID	i		C 4 DITY	ר אור ו		Y

14. Thereby 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 afficiency to with an address

SIGNATURE: CARL ROGERS

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