со	FILE NOW: FILING FEE PROFIT PRORATION JUAL REPORT 1997	FLORIDA DEP Sandra Secre	S \$550.00 ARTMENT OF STATE B. Mortham elary of State F CORPORATIONS	Apr 30 1	ILED 1997 8:00 ary of Sta	
HARMO		Mailing Address 14330 S. TAMIAMI TRAIL FT. MYERS FL 33912-19				
				3. Date Incorporated or Qualified 08/30/1973	3a. Date of Last Report 05/09/1996	
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1487126	Applied F Not Appli	
Suite, Ap	l. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Addition	nal
City & Ste	ate	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May B	Ð
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
<u></u>	25 9, Name and Address of Currer	29	30		Yes 🛄 No	
I. Pursuan office or agent. I GNATURE				poration submits this statement for the p tion's board of directors. I hereby accep	purpose of changing its regist of the appointment as registe	tered red
2.	Signature typed or printed nanle of registered age OFFICERS AN	ent and title it upplicable (N D DIRECTORS	OTE: Rogistered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	2
ILE ME REET ADDRESS IY-ST-ZIP	PD Harmon, Judith L 13593 Brynwood FT. Myers FL	DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS		Change 🛄 Ac	ddition
LE ME REET ADDRESS (-ST-ZIP	VD HARMON, JAMES R	DFLETE	1.4 CHY-SI-2P 2.1 HTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1-2P		Change 🔲 Ac	dilion
ie Eet address (- St- <i>2</i> 1p	HARMON, RICHARD A	DELFTE	3.1 TiTLE 3.2 NAME 3.3 STREE1 ADDRESS 3.4 CITY-S1-ZIP		Change [] Ac	Joition
e Ie Eet address '- st-zip	D Harmon, Linda L. 1259 Morningside Drive FT. Myers FL	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change 🗌 Ad	Idition
e E Eet address		DELETE	5 1 THLE 5 2 NAME 5 3 STREET ADDRESS		🛄 Change 🔲 Ad	Idition
e Ie Eet address		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Ad	Idition
l am an c	by certify that the information supplice	d with this filing does not qua supplemontal annual report is the receiver or trustee empo r on an altachment with an ad	5 3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP alify for the exemption state is true and accurate and this repo	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same loga rt as required by Chapter 607, Florida S	s. I further c	certify that the