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 # 523888

(6)

N.V.C., II	NU.					
Principal Place	e of Business	Mailing Address				
2140 COACH HOUSE LA NAPLES FL 33942 US		2140 COACH HOUSE LA NAPLES FL 34105-2713 US				
•					3. Date Incorporated or Qualified 01/17/1977	3a. Date of Last Report 04/11/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1784266	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional	
City & State		City & State			Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Coun	ry	8. This corporation has liability for i	
24	25	29	30	•		Yes No
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent
	GES, EARL G.		ε	1 Name	·	
2140 COACH HOUSE LANE NAPLES FL 33942			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
			1	3		
			8	4 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	les, the abo authorized orida Statu	ove-named corp by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep	
SIGNATURE						
12.	Signature, typed or printed name of registered agent OF FICERS AND		L: Registered /	lgerif signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12
TITLE	OFFICERS AND	DELETE	1.1 DTL	T	ADDITIONS/OFFINGES TO OFFIC	Change Addition
NAME	HODGES, EARL G.		1.2 NAM			
STREET ADDRESS	2140 COACH HOUSE LANE			ET ADDRESS		
CITY-ST-ZIP	NAPLES FL 12			-ST-ZIP		
TITLE	ST	DELETE 2.11				Change Addition
NAME	THELMA HODGES		2,2 NAN	IE		
STREET ADDRESS	2140 COACH HOUSE LA		2.3 S1R	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL			Y - S1 - ZIP		
TITLE		L DELFTE	3.1 TITL			Change Addition
NAME			3.2 NAA	"		
STREET ADDRESS				TET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CIT 4.1 1ITL	Y · \$1 · ZIP		Change Addition
TITLE NAME			4.1 JIIL			Li onange Li Addition
STREET ADDRESS			1	EE1 ADDRESS		
CITY-ST-ZIP				'-ST-7IP		
TITLE		DELETE	5 1 TITL			☐ Change ☐ Addition
. NAME			5,2 NAM			
STREET ADDRESS				EET ADDRESS		•
CITY-ST-ZIP				′-ST-ZIP		
TITLE		DELETE	6 1 T(1)			Change Addition
NAME			6.2 NAM	'E		
STREET ADDRESS			6 3 STR	EE1 ADDRESS		

14. I do hereby certify that the information supplied with this filling 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 attachment with an address.

6 4 CITY - ST - ZIP

FILED

May 02 1997 8:00am

Secretary of State