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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997		DIVISION O	F CORPOR		Secret	lai y	01.5	otate
	MENT # 50 Name . ECHOLS, D.D.		(1848) (1948) (1941) (1844) (1848) (1844	fai àine à airi	Bidia Pibir dibii	4(4)) (24)			
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address						111 11 111
300 WHISKEY CREEK DRIVE ORT MYERS FL 33919			6300 WHISKEY CREEK DRIVE FORT MYERS FL 33910-8710						
						Date Incorporated or Qualifie 07/01/1977		Date of Last F /20/1996	Report
· 1	race of Business	 	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For
Suite, Apt	#, etc	2	Suite, Apt. #, etc.			59-1745754	r		of Applicable Additional
		2	i			5. Certificate of Status Desired			equired
City & Stat	0	2	City & State			6. Election Campaign Financing Trust Fund Contribution	, D		May Be to Fees
Zip T	Cour	·	Zιp ໆ	ļ	untry	8. This corporation has liability f			199.032,
1	25 Name and Add	ress of Current Re	9 alstered Agent	30	T	Fiorida Statutes 10. Name and Address of New		No Agent	
ECH	OLS, MICHAEL				81 Name			····	
	WHISKEY CREEK	DRIVE			82 Street A	ddress (P.O. Box Number is Not Accep	table)		
	IYERS, FL					· · · · · · · · · · · · · · · · · · ·			
3391	9				83				
					84 City		F	85 Zip	Code
	to the provisions of Sc agistered agent, or bo in familiar with, and a	ections 607,0502 and oth, in the State of Fl occpt the obligations	d 607.1508, Florida Sta lorida. Such change was s of, Section 607.0505,	itutes, the a as authorize Florida Sta	above-named o ed by the corpo atutes.	corporation submits this statement for the oration's board of directors. I hereby ac-	e purpose cept the ap	of changing i opointment as	its registered registered
IGNATURE	Signature, typical responded to		Title f applicable (ed Agent signature re	corporation submits this statement for the oration's board of directors. I hereby ac- equired when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
GIGNATURE 12.	Signature Aspest or primed na	ine of registrated agent and OFFICERS AND DIF	Little if applicable (NOTE Register 13	ed Agent signature re	equired when reinstating)	DATE	***************************************	RS IN 12
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