## 4-29-97 N-3712 NC 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 # 548671

(7)

Principal Place of Business Mailing Address  1832 VICTORIA AVE 1832 VICTORIA AVE FORT MYERS FL 33901-3429							
							3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-1769419 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Zip Country		<b>28</b>				Trust Fund Contribution Added to Fees
24	25	29	4.	30			8. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
-21	9. Name and Address of Currer		red Agent	.190]			10. Name and Address of New Registered Agent
BEC	K, WILLIAM K				81	Name	
	VICTORIA AVENUE			ŀ	82	Street A	Address (P.O. Box Number is Not Acceptable)
	T MYERS, FLA						
3390	91				83		
					84	City	<b>85</b> Zip Code
11 Purcuent	to the provisions of Spetians 607 060	12 and 607	16.00 Etorida Statut	or the ob			FL 3 2 P COUR
office or r	registered agent, or both, in the State	of Florida	Such change was	authorized	i by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	in tamiliar with, and accopt the obliga	mons of, a	Section 607.0505, FR	orida Stat	utes	•	
SIGNATURE	Signature, typed or pented name of registered ag-	sit and for it a	applicable (NO)	E Registared	 LAgei	nt signatore r	e required which reinstating) DATE •
12.	OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD PEON HUILIAM KIDK		□ DELETE	DELETE1: TITLE			☐ Change ☐ Addition ☐
NAME			1.2 N		ME		20
STREET ADDRESS	CT LAVERA EL				HEET :	ADDRESS	ָוֹן
CITY-ST-ZIP			DELFTE	1.4 CHY+ST-ZIP 2.1 THE		- ZIP	
NAME	BEÇK, WILLIAM KIRK		2.7				[] Change
STREET ADDRESS	1329 MELALEUCA LANE					ADDRESS	
CITY-ST-ZIP	FT. MYERS FL			2.4 CI			
TITLE			DELETE 311			1 2"	Change Addition
NAME				3.2 NA	ME		. –
STREET ADDRESS				3 3 31	REET A	ADDRESS	
CITY-ST-ZIP				3.4 C	IY-S	I - ZIP	
TITLE			DELETE 4.5		ŧΕ		Change Addition
NAME				4 2 N	ME		
STREET ADDRESS				4.5 STI	RE [ ] A	ADDRESS	
CITY-ST-ZIP TITLE				4 4 CH		· ZIP	D Observe Classification
NAME			FT DULL	51 111			L Change L Addilion
STREET ADDRESS				52 NA		NDD0100	
CITY-ST-ZIP						ADDRESS	
TITLE			DELETE 61		TY+ST-ZIP ILE		Change Addition
NAME				6.2 NA			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				£4 CI1	Y-SI	- ZIF	
14. I do heret	by certify that the information supplied in indicated on this appual report or s	I with this	filing does not quality	fy for the	ecu	nption sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

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 is study and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empoyated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if clyinged, 9 on an attachment with an address.

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April 18 1007 041-337-1010

**FILED** 

Apr 29 1997 8:00am

Secretary of State