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

FILED May 05 1998 8:00am Secretary of State

5215 RAMSEY WAY FT. MYERS FL 33907 Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State 28 Mailing Address Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State City & State City & State Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees paid the current year Intengible
FT. MYERS FL 33907 FT. MYERS FL 33907 DO NOT WI 3. Date Incorporated or Quelifit 12/15/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 58-1309790 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country 28 Name and Address of Current Registered Agent WROBLE, ROBERT D. 4551 GULF SHORE BLVD. N. NAPLE FL 33940 FT. MYERS FL 33907 DO NOT WI 3. Date Incorporated or Quelifit 12/15/1977 4. FEI Number 58-1309790 6. Certificate of Status Desired 6. Election Campaign Financin Trust Fund Contribution Trust Fund Contribution Personal Property Tax due J 9. Name and Address of Current Registered Agent 10. Name and Address of New WROBLE, ROBERT D. 4551 GULF SHORE BLVD. N. NAPLE FL 33940 81 Name 82 Street Address (P.O. Box Number is Not Acceled to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for to office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby at agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees paid the current year Intengible
DO NOT William State Incorporated or Qualification of Status Desired Status Desired Status Desired Status Desired City & State Country Zip Country Zip Country Status Desired Personal Property Tax due Use Name and Address of Current Registered Agent 10, Name and Address of New WROBLE, ROBERT D. 4551 GULF SHORE BLVD. N. NAPLE FL 33940 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees paid the current year Intengible
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4551 GULF SHORE BLVD. N. NAPLE FL 33940 82 Street Address (P.O. Box Number is Not Acce 83 Address (P.O. Box Number is Not Acce 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for to office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Registered Agent
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agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	FL 85 Zip Code
agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	
	cept the appointment as registered
	i
Signature: Typed or printed frame of registered agent and title if applicable (NOTE: Registered Agent algorithm required when reinstating)	DATE
	FICERS AND DIRECTORS IN 12 Change Addition
NAME WROBLE, ROBERT D 1.1 TITLE 1.2 NAME	Criange C Apoliton
STREET ADDRESS 4551 GULF SHORE BLVD. N. 1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 14 CITY-ST-ZIP	
TITLE DELETE 21 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-S1-ZIP 2.4 CITY-S1-ZIP	
TIFLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	ł
STREET ADDRESS 3.3 STREET ADDRESS 5.4 STREET ADDRES	
CITY-ST-ZIP	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS	
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TITLE DELETE 61 TITLE	
NAME 62 NAME	☐ Change ☐ Addition
STREET ADDRESS 6.3 STREET ADDRES	☐ Change ☐ Addition
City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute	☐ Change ☐ Addition

14. I hereby 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 roport 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 trustone 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 attackment with an address.

SIGNATURE:

(508) 993-1309