


FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 592317		(2)	
1. Corporation Name SUTTONWOOD INC.			
Principal Place of Business 26711 SHERWOOD LANE BONITA SPRINGS, FL 33923		Mailing Address 26711 SHERWOOD LANE BONITA SPRINGS, FL 34135-5236	
2. Principal Place of Business 21 850 San Carlos Drive Suite, Apt #, etc. 22 City & State Fort Myers Beach, FL Zip Country 24 33931 25 U.S.A.		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent			
NEER, HELEN 54 NO EDGE DR LAKE PLACID FL 33852		81 Name 82 Street Address 83 84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: <i>Helen Neer</i>		Helen Neer, Secretary	
12. OFFICERS AND DIRECTORS			
TITLE SD <input type="checkbox"/> DELETE NAME NEER, HELEN STREET ADDRESS 54 NORTH EDGE DR CITY-ST-ZIP LAKE PLACID FL		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME OWLER, LOIS STREET ADDRESS 6854 COCONUT GROVE CIRCLE CITY-ST-ZIP ELLENTON FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME OWLER, THOMAS D. STREET ADDRESS 6854 COCONUT GROVE CIRCLE CITY-ST-ZIP ELLENTON FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME COE, JANICE IRENE STREET ADDRESS 23 PINE AVENUE TORONTO CITY-ST-ZIP ONTARIO, CANADA		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Helen Neer <i>Helen Neer</i>			



CR2E034 (9/96)