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**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	V. ELKINS P.A.	4 (5)  Mailing Address			,				
1000 TAMIAMI TRAIL N		1000 Tamiami Trail N STE 303							
STE 303 NAPLES FL 33940		NAPLES FL 34102-5481							
						3. Date incorporated or Qualified 12/04/1978		ite of Last R <b>6/1996</b>	eport
2. Principal Place of Business		2a. Mailing Address 26	<del>    "</del>			4. FEI Number 59-1873249			plied For t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State 23	3	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip <b>24</b>	Country 25	Zip 29	Cour 30	ntry		8. This corporation has liability for			
24	9. Name and Address of Curr		[30]			10, Name and Address of New Re			
ELKI	NS, JAMES W			81	Name				
	TAMIAMI TRAIL N LES FL 33940		Ì	82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)	, ,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ļ	83					<del></del>
			Ī	84	City		FL	85 Zip (	Code
office or re agent. I as	to the provisions of Sections 607.0 egistered agent, or both lin the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statute of Frorida, Such change was ligations of, Section 607.0505, F	utes, the abs authorized lorida State	ove I by utes	-named corpo the corporatio	oration submits this statement for the j on's board of directors. I hereby acce	ourpose of pt the app	changing it ointment as	s registered registered
SIGNATURE	Signariae injurit or principlifunic oblegistems	agent and little dispulsiable (NC	DTE: Registered	Ager	nt signature require	d when reinstating)	DAT€	F 16 111	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE NAME	PD Elkins, James W.	DELETE	1 1 TIT 12 NA					Change	Addition
STREET ADDRESS	666 WEDGE DRIVE		13 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MADI EO EI		1.4 00		i				
TITLE	8	☐ DELETE 21						Change	Addition
NAME	ELKINS, JOAN B.		2.2 NAME						
STREET ADDRESS	666 WEDGE DR.		23ST	REET	ADDRESS	**			
CITY-ST-ZIP TITLE	NAPLES FL			2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME	FLUING MAPO		3.1 111 3.2 NA					C ondrige	L Modition
STREET ADDRESS	666 WEDGE DRIVE		1		ADDRESS				
CITY-ST-7iP	NAPLES FL		3.4. C)		1		_		
TITLE		DELETE	4.1 TIT	LE				Change	Addition
NAME			4. 2 N/	ME					
\$TREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4 4 CF		T - ZiP			Change	Addition
TOTLE NAME		[] מנובונ	5.1 TIT 5.2 NA					- Sugarye	/.ouilib()
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP			5.4 CII		1				
TITLE		☐ DELETE	6.1 117					Change	Addition
NAME.			6.2 NA	ME					
STREET ACORESS			6.3 ST	REET.	ADDRESS				
CITY - ST - ZIP			6.4 CIT	_					
. Informatio	on inclicated on this annual report of	or supplemental annual report is	true and a	CCU	rate and that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same leg- as required by Chapter 607, Florida (	al effect as Statutes; a	s if made un ind that my r	der oath: that