FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FT MYERS FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

FT MYERS FL 33901

2a. Mailing Address

Suite, Apt. #, etc.

SIGNATURE REQUIRED

CHARLES S. EBY M.D.

CHARLES S. LDT W.D., F.A.	
Principal Place of Business	Mailing Address
2666 SWAMP CABBAGE COURT	2666 SWAMP CABBAGE COURT

26

FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

941-9361145

Not Applicable

3. Date Incorporated or Qualified

06/23/1971

59-1352056

5. Certificate of Status Desired

City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
— Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Current	Registered Agent		81		10. Name and Address of New Registered Agent		
EBY,CHARLES S 2666 SWAMP CABBAGE COURT				~ '	Name			
				82 Street Address (P.O. Box Number is Not Acceptable)				
FI	MYERS FL 33901			83				
				84	City	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agent			Ager	nt signature	required when reinstating) DATE		
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	'					C Charge C Addition		
NAME	EBY, CHARLES S 2666 SWAMP CABBAGE CT		1.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	FT MYERS FL	DELETE	1.4 C(1 2.1 T)		- ZIP	☐ Change ☐ Addition		
	TS ICAN P	i nerric				- Orlange - Audition		
NAME	EBY, JEAN B. 2666 SWAMP CABBAGE CT		2.2 NA					
STREET ADDRESS	FT MYERS FL				ADDRESS			
CITY-ST-ZIP TITLE	D CL MIERO FL	DELETE	2. 4 CI 3.1 TIT	_	(-ZiP	Change Addition		
NAME	eby, jean b	المالية المالية	3.1 III			Collabor Tradition		
STREET ADDRESS	2666 SWAMP CABBAGE CT				ADDRESS			
,	FT MYERS FL		3,3 S II					
CITY-ST-ZIP TITLE	TIMIENOIL	DELETE		_	5 - ZIP	Change Addition		
NAME		<u>—</u>	4. 2 N/					
STREET ADDRESS					Address			
CITY-ST-ZIP			4.4 ClT	Y-ST	-ZiP			
TITLE		☐ DELETE	5.1 TIT	LE		Change Addition		
NAME			5.2 NA	ME				
STREET ADDRESS	_		5.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP			
TITLE		DELETE	6.1 717	LE		Change Addition		
NAME			6.2 NA	ME	f			
STREET ADDRESS			6.3 STF	EET A	ADDRESS			
CITY-ST-ZIP			6.4 CIT					
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 report 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears In Block 13 if changed, or on an attachment with an address.								