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 # 627696

(8)

4434 SW 59TH, INC.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP FILED
Jun 26 1997 8:00am
Secretary of State

Principal Place of Business 133 FLICKER LANE VIA PLANTATION LANE EVERGLADES CITY FL 33301-2100				Mailing Address P.O. BOX 139 P.O. BOX 4369 EVERGLADES CITY FL 34139-0139								
US STATE OF THE ST				US			3. Date Incorporated or Qualified 3a. Date of Last Repo 06/27/1979 06/13/1996				eport	
	iace of Busines	 1	2a. Mailing Address				4. FEI Num			→	plied For	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					75055		\$8.75 A	ot Applicable
22				27				5. Certifica	le of Status Desired		Fee Re	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
Zip Country			28	28					Trust Fund Contribution Added to Fees P. This approach to be liability for intensible to yardes a 100 000			
24	25			29 30			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		nd Address of Curi		stered Agent	1001			10. Name a	nd Address of New Re	gistered Ag	ent	
RUTH TAYLOR 133 FLICKER LANE VIA PLANTATION ISLAND EVERGLADES CITY FL 33301						8: 8: 8:	2 Street Add	dress (P.O. Box N	lumber is Not Acceptat		85 Zip (Code
office or r agent. I a SIGNATURE		ns of Sections 607.0 It, or both, in the State and accept the ob-						rporation submits ation's board of currently are also are	this slatement for the p lirectors. I hereby accep	of the appoint	tment as	registered registered
12,		OFFICERS A	ND DIRE			13.		ADDITION	IS/CHANGES TO OFFIC			
TITLE	DP.	.cox		☐ DELE		1.1 TITLE 1.2 NAME	1] Change	Addition
NAME	REED, GILB	EHI		<u> </u>			\ \					ţ
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CITY-ST-ZIP						4.4 CITY-					1 0	
TITLE				☐ DELE	TE .	5.1 TITLE	ĺ				Change	Addition

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 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - S1 - ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - 7IP

6.3 STREET ADDRESS