## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

		1 <b>997</b>	ORI			Secretary of State DIVISION OF CORPORATIONS				SNC		Secretary of State
DOCUMENT # 628695 CHARLES L. CRUMPTON, P.A.						(9)						
_	<del> </del>						(9)  ddress  176 PRINGS FL 33959  Address  Apt. #, etc.  State  4133					
Pi 	rincipai Place	cipat Place of Business					Mailing Address					The state of the s
	O BOX 1176 OMITA SODIN	OX 1176 [A SPRINGS FL 33959				PO BOX 1176 BONITA SPRINGS FL 33959						
U		NITA SPRINGS FL 33859				US						DO NOT WRITE IN THIS SPACE
												3. Date Incorporated or Qualified 3a. Date of Last Report
<u>_</u>	Principal Pl	loop of Rusi			1 20	Mailing Ad	drane					07/05/1979 01/22/1996 4. FEI Number Applied For
21	Editicipal El	IACU DI DUSI	1055		26	Mailing Au	OIESS					4. FEI Number Applied For 59-1950156 Not Applicable
1	Suite, Apt. #, etc.					Suite, Apt. #, etc.						SR 75 Additional
22						27						Certificate of Status Desired     Fee Required
23	City & State	9			28	City & State	e					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
L	Zip 2/1	22		Country		Zip スカ	132		puntry	,		8. This corporation owes or has paid the current year Intangible
24	14	0 Name	25	Address of Curre	29	Jared Agen	1 22	30				Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
-	CDI	JMPTON, C			ugiu	torou rigorii	·		81	Nam	ie	10, hama and Adarosa of Non Highward Agent
		5 CITADEL							82	Circ	of Welder	gss (P.O. Box Number is Not Acceptable)
		IITA SPRIN							62	Street	at word	uss (F.O. Box Number is Not Acceptable)
									63			
									84	City		85 Zip Code
				10-1-007-05	001.0	07.4500 51-	21. 00.					
וי	office or r	to t <b>ne</b> provis egi <mark>ste</mark> red at	sions o gent, o	or both, in the State	of Flori	da, Such chi	ango was	ites, the authoriz	above od by	e-name / the c	ea corp orporati	coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
		m tamiliar w	ılh, ar	nd accept the oblig	ations of	i, Section 60	17.0505, F	iorida Si	atutes	3.		
SI	GNATURE	Signature, types	d or prin	led name of registered ag	ent and title	if applicable	(NO	Tt: Rogiste	red Age	ent signa	uré roquire	red when reinstating) DATE
12				OFFICERS AN	D DIREC			13			-,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ı	ILE	P		OLIABLES I		Ш	DELLIE		THLE			Addition
Į.	ME			CHARLES L.					NAME			
	REET ADDRESS TY-ST-ZIP	BONITA		L LANE #101					CITY-S	ADDRES	s	ZIP 34135
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NA.	ME	• .	TON.	CHARLES L.				2.2	NAME			•
Sĩ	REET ADDRESS			L LANE #101				2.3	STREET	ADDRES	S	20 212
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2	TY-ST-ZIP							0.4	CITY-S	1.71		

I. I do 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 of 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 of 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 indiress.

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9 14 97 (941) 495,319

Aug 14 1997 8:00am