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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 23 1997 8:00am

Secretary of State

(96/6)

Change

Addition

DOCUMENT # 628794

(0)

## PINK SHELL DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address 1661 ESTERO BLVD 1661 ESTERO BLVD SUITE 23 SUITE 23 FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931-2846 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1979 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 2/521 MADERA RO 59-1918576 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired FT. MYERS BEACH, FI. 33931 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 LEE **Elorida Statutes** 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ECHOLS, LARRY A., P.A. 6100 ESTERO BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS BEACH FL 33931 83 84 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, typod or printed name of registered agent and title it applicable (NOTE Registered Agen) signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE 1.1 TITLE DAVIS, JONNAVIEVE A. 1.2 NAME NAME 21521 MADERA RD. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS BEACH FL CITY-ST-ZIP 1.4 CITY - ST-ZIP VSD DELETE TITLE 21 TITLE ☐ Change Addition SMITH, ROXANNA NAME 2.2 NAME 21521 MADERA RD. STREET ADDRESS 2.3 STREET ADDRESS FT MYERS BCH FL CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 51 TITLE

14. 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 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.

5.2 NAME

611BLE

62 NAME

DELFTE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

54 CITY-ST-7IP