## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 644537

(3)

Principal Place of Business  Mailing Address  S04 CENTER ROAD FORT MYERS FL 33907  Mailing Address  FORT MYERS FL 33907												
romi micho	o PL 339U/	FORT	MYERS FL 33907				3. Date Incorporated or Qu	alified 1	3a. Date	of Last Fi	enort	
							11/08/1979			/1995	еро-т	
2. Principal P	Place of Business	2a. Maili	ing Address				4. FEI Number		<u> </u>		plied F	O!
<u> </u>		26					59-1979286			No	ot Applic	cable
Suite, Apt.	#, etc.	h	e, Apt. #, etc.				5. Certificate of Status Des	ired [	٦ '	8.75		al
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3		28	5 511112				<ol><li>Election Campaign Finar Trust Fund Contribution</li></ol>			\$5.00 Added		
Zıp	Country	Zφ		Cour	ntry		8. This corporation has liab	ulity for inta	gible tax			
4	25	29		30			Florida Statutes		Yes 🔲 1	Vo.		
	9. Name and Address of Cu	rrent Registered	Agent		<u>.</u>		10. Name and Address of I	New Regis	itered Age	nt		
	CKMON, PATRICK E			[,	81 1	Name						
	4 CENTER ROAD					Street Add	lress (PO. Box Number is Not Ad	cceptable)			•	
	GE PARK				83	· · · · · · · · · · · · · · · · · · ·						
FO	RT MYERS FL 33907			Ľ								
				[1	84 (	City			FL	35 Zip (	Code	
		0502 and 607, 150	18 Florida Statu	les the abo	WO.D:	amed com	ocation submite this statement to	v tha n ma	and of ohe			
SIGNATURE	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the of Signature typed or proved have alregistive	bligations of, Sect	iori 607.0505, F1	onda Statut	es.		oration submits this statement for ion's board of directors. Thereby red whee reasturing	or the purp accept the	ose of cha c appointm	riging its nent as re	egistered	rea a
agent ran SIGNATURE	Signature typed or proved have of registere	bligations of, Sect	ahta (NC	onda Statut	es.				DAIL			
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that made under oain; that i ain an officer of director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 190ck 12 or Block 13 if charged for or an attachment with an address.

GNATURE: HALL STATUTE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATRIC : A ANN DICKMON 6-6-96 941-939-2006