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

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 6771

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FILED Sep 17 1997 8:00am Secretary of State

C/O J. W. PETERSON FT. LINERS R. 33901 2. Prilinopal Place of Business 2. Prilinopal Place of Business 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Qualified and Date of Cell Report OS/00/1980 3. Date incorporation of Cell Report OS/00/198	J.W. PE Principal Plac 2238 FOWLER	STREET	Mailing Ac	ddress ER STREET						
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PELENSON, J. W. 228 FOWLER STREET FT. MYERS FL 33901 86 City FL 85 Zip Code 11. Pursuant to the provisions of Socialons 607 0502 and 607 1508, Florida Statutos. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socialon 607 05.005, Florida Statutos. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socialon 607 05.005, Florida Statutos. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PD PETERSON, JAMES W 12 NAME 12 NAME 12 NAME 13 SHEET ADDRESS 14 OITY-ST-ZP THE UPS SAS SANTA ROSA CT. 22 NAME 14 OITY-ST-ZP 17 INTE 18 DELETE 19 NE STREAT ADDRESS CITY-ST-ZP 19 NE STREAT ADDRESS CITY-ST-ZP 10 DELETE 10 DELETE 10 DELETE 11 THE 11 THE 12 NAME 13 SHEET ADDRESS CITY-ST-ZP 14 CITY-ST-ZP 15 NAME 15 STREAT ADDRESS CITY-ST-ZP 16 Change Addition Addition NAME 17 NAME 18 STREAT ADDRESS CITY-ST-ZP 10 DELETE 10 DELETE 10 DELETE 11 THE 10 DELETE 11 THE 11 THE 12 NAME 13 SHEET ADDRESS CITY-ST-ZP 14 CITY-ST-ZP 15 NAME 15 STREAT ADDRESS CITY-ST-ZP 16 Change Addition NAME 17 NAME 18 STREAT ADDRESS CITY-ST-ZP 17 ST-ZP 18 CAPE CORAL FL 18 STREAT ADDRESS CITY-ST-ZP 18 CAPE CORAL FL 19 NESTH ADDRESS CITY-ST-ZP 10 DELETE 10					101				3,10	
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TILE PO DELETE 1.1 THE STREET ADDRESS CITY-ST-2P CAPE CORAL FL 33909					83					
11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florids 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 Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Socione 670 605, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both state application. Intermal	1				84	City		85 Zip (Code	
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recommends that the information suppose with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 eath; 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.

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