FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996		DI	IVISION OF	CORPORAT	TIONS				
DOCUN Corporation	MENT #	680894	ļ	(3)						
•		COUNTY, INC.		, ,						
incipal Place	of Business		Mailing Addr	ess			I (08/14 0/10) 10/1/ 00/1/ 00/1/ 10/1/] 1	IEIII BIGI BIBH EI	All Asbet Athl	01011 01011 1001
2041 W FIRST ST FT. Myers FL 33901 US		P.O. BOX 1621 FT Myers FL 33902 Us								
							 Date Incorporated or Qualified 08/04/1980 		e of Last R 14/07/19	
	ice of Business Grove		2a. Mailing Ai				4. FEI Number 65-0060586		\rightarrow	Applied For Not Applicab
Suite, Apt. #	t, etc.		Suite, Apr	t. #, etc.		<u> </u>	5. Certificate of Status Desired			Additional Required
City & State	Myers, FL		City & Sta	ate			Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
^{Zip} 3390	Co	untry US	Zip 29		Counti	ry	8. This corporation has liability to	or intangible ta		
	9. Name and A	ddress of Current I	Registered Age	nt	8	41 51	10. Name and Address of New	Registered	Agent	
STEPON	IAVICIUS, ALGI F	₹.			L		(
	ARLENE AVE.				8	2 Street Add	dress (P.O. Box Number is Not Accept	(able)		
ET MIVE	RS FL 33901				8	3				
FI. MIC										
Pursuant to	sa agent, or both, in	i the State of Fiorida.	. Such change w	ras authorize	ed by the cor	named corns	oration submits this statement for the pard of directors. I hereby accept the ar	FL ourpose of cha		egistered off
Pursuant to or registere familiar with NATURE _s	ed agent, or both, in n, and accept the o	in the State of Florida bligations of, Section name of regulered agent and	Such change with 607,0505, Florid title it abundable	ras authorize da Statutes.	es, the above ed by the cor	named corporation's boa	ard of directors. I hereby accept the ap	ourpose of chappointment as	anging its r registered	egistered off agent. I am
Pursuant to or registere familiar with NATUREs	so agent, or born, in n, and accept the o Screens, byed or primes:	the State of Florida bligations of, Section mand of regulated agent and OFFICERS AND I	Such criange win 607,0505, Floridative it ansuicable DIRECTORS	ras authorize da Statutes.	es, the above ed by the cor	named corporation's boa	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered	egistered off agent. I am
Pursuant to or registere familiar with NATUREs	PD STEPONAVICE 1219 CARLEN	of the state of Fonda obligations of, Section of the other other of the other ot	Such criange win 607,0505, Floridative it ansuicable DIRECTORS	vas authorizē da Statutes. (NOI	es, the above ed by the cor It: Registered Ag 13. 1 1 TITLE	e-named corporation's boa	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered	egistered off agent. I am
Pursuant to or registere femiliar with NATURE _s	PD STEPONAVICE 1219 CARLEN FT. MYERS F	of the state of Fonda obligations of, Section of the other other of the other ot	SUCH Criange win 607,0505, Florid tit en administrable. DIRECTORS	ras authorize da Statutes. INO DELETE	es, the above ed by the cor It: Registered Ap 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY-	-named corporation's boa	ard of directors. I hereby accept the ap	ourpose of choppintment as	anging its registered DIRECTO Change	egistered off agent. I am RS IN 12
Pursuant to or registere femiliar with NATURES	PD STEPONAVICE 1219 CARLEN FT. MYERS F	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE.	SUCH Criange win 607,0505, Florid tit en administrable. DIRECTORS	vas authorizē da Statutes. (NOI	es, the above ed by the cor 11. Registered Ap 13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY- 2 1 TITLE	-named corporation's bos	ard of directors. I hereby accept the ap	ourpose of choppintment as	anging its r registered	egistered off agent. I am RS IN 12
Pursuant to or registere femiliar with NATURES	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	SUCH Criange win 607,0505, Florid tit en administrable. DIRECTORS	ras authorize da Statutes. INO DELETE	es, the above ed by the cor 11. Hogslered Ap 13. 1 1 TITLE 1 2 NAME 1 4 CITY 2 1 TITLE 22 NAME	-named corporation's bos	ard of directors. I hereby accept the ap	ourpose of choppintment as	anging its registered DIRECTO Change	egistered off agent, I am AS IN 12
Pursuant to or registere femiliar with NATURES FEADORESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change win 607,0505, Florid the massicable	ras authorize da Statutes. INCI DELETE	es, the above ed by the cor 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY-	-named corporation's book exit signature require E ET ADDRESS -ST-ZIP	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its registered DIRECTO Change	egistered off agent. I am RS IN 12 Addition
Pursuant to or registere femiliar with NATURE _s FLADDHESS _ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change win 607,0505, Florid the massicable	ras authorize da Statutes. INO DELETE	es, the above ed by the cor 11. Registered Ag 13. 1 1 TITLE 1 2 NAME 1 3 STREE 2 1 TITLE 2 NAME 2 3 STREE 2 4 CITY 3 1 TITLE	-named corporation's bos	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its registered DIRECTO Change	egistered off agent. I am RS IN 12 Addition
Pursuant to or registere femiliar with NATURE s FI ADDRESS ST-ZIP FI ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change win 607,0505, Florid the massicable	ras authorize da Statutes. INCI DELETE	as, the above ad by the core of the residual of the core of the residual of th	-named corporation's bos	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its registered DIRECTO Change	egistered off agent. I am RS IN 12 Addition
Pursuant to or registere femiliar with INATURE s I HI ADDRESS ST-ZIP I HI ADDRESS ST-ZIP I ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change win 607,0505, Florid the massicable	ras authorize da Statutes. INCI DELETE	as, the above ad by the core of the residual of the core of the residual of th	-named corporation's bos	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its registered DIRECTO Change	egistered offi agent, I am RS IN 12 Addition Addition
Pursuant to or registere familiar with sNATURE s If ADDRESS ST-ZIP If ADDRESS ST-ZIP If ADDRESS ST-ZIP If ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	SUCH Criange win 607,0505, Florid district answership. DIRECTORS [] [ras authorize da Statutes. INCI DELETE	as, the above above above the correction of the above above the correction of the above ab	-named corporation's bos	ard of directors. I hereby accept the ap	DATE FRICERS AND	anging its registered DIRECTO Change	egistered offi agent. I am RS IN 12 Addition Addition
Pursuant to or registere femiliar with INATURE s I HEADONESS ST-ZIP I HEADONESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	SUCH Criange win 607,0505, Florid district answership. DIRECTORS [] [DELETE DELETE	as, the above ad by the cor 11. Registered Ag 13. 1 1 TITLE 12 NAME 13 STREE 2 1 TITLE 22 NAME 23 STREE 24 CITY 3 1 TITLE 32 NAME 33 STREE 34 CITY	ent squature requirement squature requirement squature requirement squature requirement squature requirement squature requirement square requirement requirement square requirement square requirement r	ard of directors. I hereby accept the ap	DATE FRICERS AND	anging its registered DIRECTO Change Change	egistered off agent. I am RS IN 12 Addition Addition
Pursuant to or registere familiar with NATURE = s FLADDHESS ST-ZIP FLADDHESS ST-ZIP FLADDHESS ST-ZIP FLADDRESS ST-ZIP FLADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	SUCH Criange win 607,0505, Florid district answership. DIRECTORS [] [DELETE DELETE	as, the above above above the correction of the	ent signature requirement signature requirem	ard of directors. I hereby accept the ap	DATE FRICERS AND	anging its registered DIRECTO Change Change	egistered offi agent. I am RS IN 12 Addition Addition
Pursuant to or registere femiliar with INATURE s s stables stables s s s s s s s s s s s s s s s s s s	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change with 607,0505, Florid the manufacture by DIRECTORS	DELETE DELETE	as, the above above above the correction of the	ent appearure requirement signature requirem	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere femiliar with a NATURE s ST-ZIP EL ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change with 607,0505, Florid the manufacture by DIRECTORS	DELETE DELETE	as, the above above above above above above above above above and a street and a street above ab	ent squature requirement square requirement requirement square requirement square requirement square requirement require	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its registered DIRECTO Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere femiliar with INATURE s ST-ZIP I HEADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change with 607,0505, Florid the manufacture by DIRECTORS	DELETE DELETE	as, the above and by the core of the core	ent squature requirement square requirement requirement square requirement square requirement square requirement require	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere familiar with standard services of the services of th	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Such change with 607,0505, Florid the manufacture by DIRECTORS	DELETE DELETE	as, the above and by the core of the core	ent signature requirement signature requirem	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere femiliar with an ATURE s F	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Storn critange will 607,0505, Florid distribution of the translationable DIRECTORS	DELETE DELETE	as, the above and by the core of the core	ent squature requirement square requirement requirement square requirement square requirement square requirement square requirement requirement square requirement r	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition Addition
Pursuant to or registere femiliar with sinature s.	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Storn critange will 607,0505, Florid distribution of the translationable DIRECTORS	DELETE DELETE DELETE	as, the above and by the core of the core	ent signature requirement signature requirem	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change Change	egistered offi agent. I am RS IN 12 Addition Addition Addition Addition
Pursuant to or registere familiar with	PD STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN FT. MYERS F D STEPONAVICE 1219 CARLEN	the state of Fonda bligations of, Section OFFICERS AND I IUS, ALGI R. IE AVE. L IUS, BEVERLY E IE AVE.	Storn critange will 607,0505, Florid distribution of the translationable DIRECTORS	DELETE DELETE DELETE	23 STREE 44 CITY- 52 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 54 CITY- 6 STREE	ent signature requirement signature requirem	ard of directors. I hereby accept the ap	DATE FFICERS AND	anging its r registered D DIRECTO Change Change Change Change	egistered officagent. I am

2-21-96
Date Dayline Proce #