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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE!

いのであっている。 中央の大阪の地域をである。 「本本」の記述を



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 820037

(0)

Mailing Address

LELY DEVELOPMENT CORPORATION

FILED									
Mar 17 1997 8:00am									
Secretary of State									

8825 TAMIAMI TRAIL EAST NAPLES FL 33962		8825 TAMIAMI TRAIL EAST NAPLES FL 34113-3347								
						11/04/			ite of Last P 21/1996	teport
—	lace of Business	2a. Mailing Address				4. FEI Nun			Ar	pplied For
21		26								ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifica	ate of Status Desired	×		Additional equired
City & State	В	City & State					Campaign Financing	_		May Be
23		28				Trust Fu	nd Contribution		Added	to Fees
Zip	Country	Zip	Coun	try	ļ		poration has liability for			. 199.032,
24	9. Name and Address of Current		30]		i	Florida :	Statutes L and Address of New Re		_ No	
MCO		riogisterou Agent		1 Namo		IU. IVAIIIO E	IND AUGIESS OF HEW THE	gistered 2	Agent	
	A, GEORGE) AIRPORT RD									
	LES FL 33962		Stree	Street Address (P.O. Box Number is Not Acceptable)						
INAF	LEG FL 33902		Ē	3						
	•			4 City					85 Zip	Code
		·		1				FL		
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 agen				so required v	when renstating)		DATE		
12.	OFFICERS AND		13.				NS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12
TITLE	PD	☐ DELETE	1.1 TOL	E	T				Change	Addition
NAME	DE LANGE, LUKE		1.2 NAM	Ŀ	1					Ì
STREET ADDRESS	8825 EAST TAMIAMI TRAIL	1.3		ET ADDRESS						
CITY-ST-ZIP	NAME OF		1.4 CITY	- \$1 - 71P	1			•		Ì
TITLE	V	DELETE	2.1 THL		1		,, 		Change	Addition
NAME	Braseth, robert		2.2 NAME							
STREET ADDRESS	5010 SAXONY COURT		2.3 STREET ADDRESS		j					J
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CIT	7 - \$1 - 7(P						İ
TITLE	D			F	T				Change	Addition
NAME	BOOM, JORIS 32N		3.2 NAM	IE.						
STREET ADDRESS	BUTZENWEG 20		3.3 STRI	ET ADDRESS	1					ĺ
CITY-ST-ZIP	ZUG, SWITZERLAND		3.4 CH	r-ST-ZIP						
TITLE	D	DELETE	4.1 TITL	F					Change	Addition
NAME ·	van der lely, olaf		4. 2 NAM	ΛE	ĺ					ĺ
STREET ADDRESS	BUTZENWEG 20		4.3 STR	E1 ADDRES						ļ
CITY-ST-ZIP	ZUG, SWITZERLAND		4.4 CiTY	- ST - Z+P	1					<u> </u>
TITLE	V	DELETE	5 1 THE	E	TRE	ASURER			Change	Addition
NAME	TOMSIC, LAWRENCE W.	<u>, </u>	5.2 NAM	E	1	nn Far				
STREET ADDRESS	7186 MILL RUN CIRCLE		5.3 STRE	ET ADDRESS	1		Crown Pt Blv	a F12	7	{
CITY-ST-ZIP	NAPLES FL		5.4 Cilly	- S1 - 202			34112			
TITLE	DST	☐ DELETE	6.1 THL	F	1		U-1112		Change	☐ Addition
NAME	VAN DER LELY RONALD		6.2 NAM	E						
STREET ADDRESS	BUTZENWEG 20		63 S1BI	ET ADDRESS	1					
CITY-ST-ZIP	ZUG SW			- ST- ZIP	<u></u>					
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 address.										

Luke de Lange, President