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PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12656 (7)

1. Corporation Name
DEL TURA CORPORATION



Principal Place of Business: **18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903**
Mailing Address: **18621 N. TAMiami TR. C/O PETER J. KANAVOS, JR. NORTH FORT MYERS FL 33903**

3. Date Incorporated or Qualified: **12/23/1980**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2049170**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**WAGLE, HAROLD H.
18551 N. TAMiami TRAIL
N. FORT MYERS FL 33903**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PETER J., JR.	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS, FL. 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DI VALENTIN, VAL	
STREET ADDRESS	18621 NO TAMiami TRL	
CITY-ST-ZIP	NO FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, MARK	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERS, ROBERT G	
STREET ADDRESS	18621 N. TAMiami TR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PAUL C.	
STREET ADDRESS	18621 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WAGLE, HAROLD H.	
STREET ADDRESS	18621 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Harold H. Wagle Harold H. Wagle 2/28/96 941-23-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)