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

₹ PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F39964

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER

(4)

Principal Place C/O BERRY & 1104 N COLUEI MARCO ISLAND	grewel R BLVD	Mailing Address C/O BERRY & GREWEL 1104 N COLLIER BLVD MARCO ISLAND FL 34145-2	547				
					3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last R 03/18/1996	eport
2. Principal Ft 21	lace of Business	2s. Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4, FEI Number 59-2168816	 	pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
City & State)	City & State			6. Election Campaign Financing	Fee Re \$5.00	
23		28			Trust Fund Contribution	Added (to Fees
Zip 24 341	Country 25	Zipi 29	Countr 30	У	This corporation has liability for Florida Statutes	intangible tax under s.]] Yes]] N o	. 199.032,
	g. Name and Address of Current			·	10. Name and Address of New Re	gistered Agent	
	USEL, JAMIE B		81	Name			
	N COLLIER BLVD LES FL-33937		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
1100	rro I Kanani		83				
			84	City		85 Zip (Code
11 Pursuant I	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the abov	e-named corr	poration submits this statement for the r	FL 3	s registered
SIGNATURE	egistored appril, or both, in the State in familiar with and accept the ebligation of the state				poration submits this statement for the partion's board of directors. I hereby acceptions when reinstating	pt the appointment as	registered
12.	OFFICERS AND		13.	Total Biglion or response	ADDITIONS/CHANGES TO OFFIC		S IN 12
TOLF	PST	DELETE	1.1 TITLE			☐ Change	Addition
NAME	HODGDON, FREDERICK M. 15 VENNINGTON DRIVE		1.2 NAME	ļ			
STREET ADDRESS City-St-7ip	NAPLES FL		1.3 STREE	T ADDRESS ST-7#P			
TITLE		☐ DELETE	2.1 TITLE	*****	**************************************	☐ Change	Addition
NAME			2.2 NAME				
STREEL ADDRESS			2.3 STREE 2.4 CITY	T ADDRESS			
CITY-ST-ZIP TITLE	DELETE			-S1-ZIP		Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-S1-7IF		☐ DELETE	3.4. CITY 4.1 TITLE	-ST - ZIP		☐ Change	Addition
TULE NAME			4.1 THEE	:		L Orange	
STREET ADORESS				T ADDRESS			
CITY-ST-ZIF			4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ACCRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-71P		Change	I Addition
TITLE		C DETELE	6.1 TITLE			∟ change	Mudificit
NAME enurrannesses			6.2 NAME	T ADDRESS			
STREET ADDRESS CITY+ST-ZIP			6.4 CITY-				
14. I do hereb	by certify that the information supplied	with this filing does not qualify	y for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
l amianio	n indicated on this annual report or si ficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empower	ered to exe	curate and that	it my signature shall have the same legs on as required by Chapter 607, Florida S	Statutes; and that my r	ider oath; that name 1344 \$ / ()