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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary	of State

FILED

May 18 1998 8:00am

1. Corporatio	NICINI # F4/44	·/ (U)			
FERRIS	ASSOCIATES, INC.	•		į.	
				S TRACIDA ALLA ALALI BUALL BURLL BURLL BURLL BURLL BURLL BURLL	N ANDIN ASAM BYAN ANDR 1005
Principal Plac	e of Business	Mailing Address		t iantian bitt arnit sebit nibit denti Juni Albit Albit	II GIBII BIDII DIQII 21031 (BBI
6385 PRESIDENTIAL COURT 6385 PRESIDENTIAL COURT			OURT	1	
108B 108 108 B FT. MYERS FL 33919 FT. MYERS FL 33919			DO NOT WRITE IN THIS SPACE		
US US			3. Date Incorporated or Qualified		
				10/06/1981	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-2186320	Not Applicable
Suite, Apt.	#, e tc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Α	City & State		6 Floring Company Francisco	
23	v	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	▼ Yes No
	9. Name and Address of Curre	ant Registered Agent		10. Name and Address of New Registered	l Agent
STEGE WILLIAM C. Name				inter B. Craiq	
	ICEAST ATLANTIC BOULEVAR	· - -	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
-P0	MPANO BEAGH FL 83062	•	83	l S.E. 24th Avenue	
			83		
			84 City	pano Beach F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpi agent. I am familiar with, and accept the other provisions, of, Section 607.0505, Florida Statutes.				Topration submits this statement for the purpose	= 33062
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept the ar	pointment as registered
	A CEPT IN A STATE OF THE STATE	uations of, dection 607,0505, 7	Torida Statutes.	4/28	100
SIGNATURE (Stop fare, (West or printed name of registered a	igent and title it upplicable (NO	DTE Registered Agent signature requ		7.8
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	SLOAN, JAMES F		1.2 NAME		
STREET ADORESS	3875 WOODLAKE DR		1.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	BONITA SPRINGS FL D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change L Addition
NAME	SLOAN, PATRICIA C		2.2 NAME		C cuange C Adomois
STREET ADDRESS	3875 WOODLAKE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		,	3.4. CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		T BUCT	4.4 CITY-ST-ZIP		Change Talasta
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		ļ
CITY+S1-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		
	pertify that the information supplied	with this filing does not qualify		n Section 119.07(3)(i), Florida Statutes. I further of	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.

James F. Som