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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69037

(2)

RICHARD Principal Place	of Business	Mailing Add	iress		•••					
6100 ESTERO BLVD FT MYERS BEACH FL 33931		6100 ESTERO BLVD FT MYERS BEACH FL 33931-4347								
							3, Date Incorporated or Qualified 03/01/1982		te of Last R 2/1996	leport
· ·	lace of Business	2a. Mailing /	Address				4. FEI Number			oplied For
21		26					59-2172349			ot Applicable
Su/te, Apt.	#, 610	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional aguired
City & State		27 City & St	City & State				Election Campaign Financing			May Be
23	•	28					Trust Fund Contribution			to Fees
Ζφ	Country	Zip		Countr	'n		8. This corporation has liability for	intangible		
24	25	29		30			Florida Statutes	Yes [No	
	9. Name and Address of Cure	rent Registered Age	ent				10. Name and Address of New R	egistered /	gent	
	ter, richard t.			81	' '	Name				
	ESTERO BLVD.			82	2 :	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		· · · · ·
FT. N	MYERS FL 33931			-	+					
				83	1					
				84	1 (City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such o	change was	authorized b	ov th	named corpo he corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing i ointment as	ts registered registered
	Signature, typicd or profed name of registered		(NOI)		gent	signature require	d when reinstating)	DATE		
12.	PST OFFICERS A	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	Change	RS IN 12
TITLE	COTTER, RICHARD T	L	T DEFEIR	1.1 TITLE					Ciange	- Magition
NAME Stocky Abadence	6100 ESTERO BLVD			1.2 NAME		nperce				
STREET ADDRESS	FTMYERS BCH FL			1.3 STREE 1.4 CITY-						
CITY-ST-ZIP TITLE	I THITCHO DOTT IE		DELETE	2.1 TITLE		247			Change	Addition
NAME		_		2.2 NAME					-	
STREET ADDRESS				2.3 STREE	ET AD	DDRESS				
CITY - ST - ZIP				2. 4 CiTY	- ST-	- ZIP				
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME	:					
STREET ADDRESS				3.3 STREE	ET AD	DDRESS				
CITY - ST - ZIP				3.4. CITY-	- 57-	ZIP				·
TITLE		L.	DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	E					
STREET ADDRESS				4.3 STREE	ET AC	ODRESS				
C11 Y - S1 - Z(P			Driete	4 4 CITY-		ZIP			Channe	T Adda
TITLE		L	DELETE	5 1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5 3 STREE						
CITY - ST - ZIP			DELETE	5.4 DITY -		ZIP	······································	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		L		6.1 TITLE 6.2 NAME					CT Oliginate	LLI AGDIGOTI
NAME CYDELL ANOHERS						opocee				
STREET ADDRESS				6.3 STREE	c i AL	JUKE99				

14. It do hereby certify that the information supplied with this filling 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 Blook 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 22 1997 8:00am

Secretary of State