## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

| • | ••• | ••• | • | _ | • |   | • |   | _ |
|---|-----|-----|---|---|---|---|---|---|---|
|   |     |     |   | - | 1 | 9 | 9 | 6 |   |

| 100 PALM HARBOR DRIVE   100 PALM HARBOR DRIVE   VENICE FL 34297     3. Date Incorporated or Qualified   3.   O4/19/1982     2. Principal Place of Business   2a. Mailing Address   4. FEI Number   26     59-2223556     Suite, Apt. #, etc.   27     5. Certificate of Status Desired   Cartificate   Cartificate | \$5.00 May Be  |  |  |  |
|--|--|--|--|--|
| 100 PALM HARBOR DRIVE   100 PALM HARBOR DRIVE   VENICE FL 34297     3. Date Incorporated or Qualified   3.   O4/19/1982     2. Principal Place of Business   2a. Mailing Address   4. FEI Number   26     59-2223556     Suite, Apt. #, etc.   27     5. Certificate of Status Desired   Cartificate   Cartificate | a. Date of Last Report  04/21/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be |  |  |  |
| VENICE FL 34287         VENICE FL 34287           3. Date Incorporated or Qualified Output         3. Date Incorporated or Qualified Output           4. FEI Number         4. FEI Number           59-2223556         59-2223556           Suite, Apt. #, etc.         5. Certificate of Status Desired   | 04/21/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be                         |  |  |  |
| 3. Date Incorporated or Qualified 04/19/1982  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25  Suite, Apt. #, etc. 5. Certilicate of Status Desired 27   | 04/21/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be                         |  |  |  |
| 2. Principal Place of Business       2a. Mailing Address       4. FEI Number         21 Suite, Apt. #, etc.       Suite, Apt. #, etc.       59-2223556         5. Certificate of Status Desired       5. Certificate of Status Desired   | 04/21/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be                         |  |  |  |
| 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.   | Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be                                  |  |  |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   | Not Applicable \$8.75 Additional Fee Required \$5.00 May Be  |  |  |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   | Fee Required \$5.00 May Be   |  |  |  |
| 0.00   |  |  |  |  |
| City & State City & State 6. Election Campaign Financing Trust Fund Contribution City & State Trust Fund Contribution  | Augen to rees  |  |  |  |
| Zip Country Zip Country 8. This corporation has liability for inten  |  |  |  |  |
| 24 25 29 30 Florida Statutes Yes 🔀   |  |  |  |  |
| 81 Name  |  |  |  |  |
| RUSSELL, JEFFREY S  82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |  |
| 200 SOUTH WASHINGTON BLVD  |  |  |  |  |
| SARASOTA FL 33577  |  |  |  |  |
| 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   |  |  |  |  |
| or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appoints familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  | nent as registered agent. I am   |  |  |  |
| SIGNATURE  |  |  |  |  |
|  | OATE   |  |  |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER  | <del></del>  |  |  |  |
| TITLE PT DELETE 11 HILE  | Change Addition  |  |  |  |
| NAME LIES, DAVID J   |  |  |  |  |
| STREET ADDRESS 6160 CICERO 13 STREET ADDRESS   |  |  |  |  |
| CHY-ST-ZIP CHICAGO IL 14 CHY-ST ZIP TITLE V [] DELETE 2 THILE  | Change Addition  |  |  |  |
|  | C) orange C Addition   |  |  |  |
| NAME UPCHURCH, PAUL H  STREET ADDRESS 6160 CICERO 22 NAME 23 STRLET ADDRESS  |  |  |  |  |
| CITY-ST-ZIP CHICAGO IL 24 CITY-ST-ZIP  |  |  |  |  |
| TIFLE AV DELETE 3 1 THLE   | Change Addition  |  |  |  |
| NAME JOHNSON, RONALD R 32 NAME   |  |  |  |  |
| STREET ADDRESS 725 NORTH INDIANA AVENUE 3.3 STREET ADDRESS   |  |  |  |  |
| CITY-ST-ZIP ENGLEWOOD FL 34 CITY-ST-ZIP  | ,  |  |  |  |
| TITLE AS DELETE 4 1 TITLE  | Change Addition  |  |  |  |
| NAME JOHNSON, L. ANN 42 NAME   |  |  |  |  |
| STREET ADDRESS 725 NORTH INDIANA AVENUE 43 STREET ADDRESS  |  |  |  |  |
| CITY-ST ZIP ENGLEWOOD FL 44 CITY-ST ZIP  | <b>5</b> 1.00 <b>5</b> 3.110   |  |  |  |
| THRE S DELETE 5.1 THRE   | Change Addition  |  |  |  |
| NAME HANISCH, JEFFREY R. 52 NAME   |  |  |  |  |
| STREET ADDRESS 6160 N CICERO 53.8THEFT ADDRESS 54.CHY-ST-ZIP CHICAGO II 54.CHY-ST-ZIP  |  |  |  |  |
| CHY-S1-2/P   | Change Addition  |  |  |  |
| NAME 62 NAME   | C) 49. C) 1.00(10)   |  |  |  |
| STREET ADDRESS 63 STREET ACTORESS  |  |  |  |  |
| CITY - S1 - ZIP 64 CITY - S1 - 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 certify that the information indicated parties annual report or supplemental annual report is true and accurate and that my signature shall have the same  | Wkl. Florida Statuton I further  |  |  |  |

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 charged, or on an anothment of 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 charged, or on an anothment of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da, time Phone #