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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 14100 EAST TAMIAMI TRAIL LOT 101 14100 EAST TAMIAMI TRAIL. LOT 101 NAPLES FL 33961 NAPLES FL 34114-8450 US											
							3. Date Incorpo 04/05/199	rated or Qualified		te of Last R 19/1996	eport
2 Principal P	lace of Burgaser	2a. Mailing	Addrose				4. FEI Number	3	U0/		nlind Cor
2. Principal Place of Business 28. Mai			Maining Address				23-22275	nn.		<u></u>	oplied For of Applicable
Suite Apt. #, etc. Suite, Apt. #, etc.								<u></u>	60.75		
22							6. Certificate of	Status Desired		Fee Re	
City & Stat	0	City & S	State				6. Election Cam	paign Financing		\$5.00	May Be
23		28					Trust Fund Co	ontribution		Added t	
Zip	Country	Zip		Coun	itry		1	ion has liability for			199.032,
24	25	29					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Cu	rrent Registered Ag	ent		B1	Name	10. Name and A	deress of New H	egistered /	gent	
	ESKY, TRACY H ESQUIRE			Ľ							
JANA V JAY 4532 E TAMIAMI TRAIL ∉3 04					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	LES FL 33962			la la	83						
HAT	CLO I C 0090E				_				·····		
					84	City			FL	85 Zip (Code
agent. La SiGNATURE	to the provisions of Sections 607, egistered agent, or both, in the Sun familiar with, and accept the o	bligations of, Section	607.0505, FI	orida Statu	ites.	nt signature require			DATE		
12.		AND DIRECTORS		13.			ADDITIONS/C	HANGES TO OFFI	CERS AND		
TITLE	PVST	l	DELETE	1.1 TITU						Change	Addition
NAME	ROONEY, TUCKER P	H LOT 404		1.2 NA							
STREET ADDRESS	14100 EAST TAMIAMI TRAI	L, LUI 101				ADDRESS					
CITY - ST - ZIP TITLE	NAPLES FL 33962		DELETE	1.4 CIT 2.1 TITI		T-ZIP				Change	☐ Addition
NAME	ROONEY, TUCKER P	'	DULLUL	2.1 1111 22 NAM							radiilor
STREET ADDRESS	14100 EAST TAMIAMI TRAI	L. LOT 101		- 1		ADDRESS					
CHY-SI-ZIP	NAPLES FL 33962	,		2. 4 CIT							
TITLE			DELETE	3.1 7171	_	·				Change	Addition
NAME				3.2 NA	ME	1					
STREET ADDRESS				3.3 STR	REET	ADORESS				÷	
City - ST - ZiP				3.4 CI	Y-5	T-ZIP					
TOLE			DELETE	4.1 1/11	LE				- · · -	Change	Addition
NAME				4 2 NA	ME						
STREET ADDRESS				4.3 STF	REET.	ADDRESS					
CITY-ST-Z#			OF FTE	4.4 CIT		T-ZIP		<u> </u>	······································	TIME	1 4 4 4 5 1
TOTALE			DELETE	5.1 TITE			l _e .	4.4		Change	Addition
NAMÉ				5.2 NAM						`	•
STHEET ADDRESS						ADDRESS					
CHY+ST-ZIP TITLE			DELETE	5.4 CIT 6.1 TITI		1 - ZIP	,			Change	Addilion
HILE	1			■ U.1 (III	n.L.						1400000

14. I do hereby certily that the information supplied with this filing 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 eath; 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

6.4 CITY+ST-ZIP

62 NAME 6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 30 1997 8:00am

Secretary of State