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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 21 1998 8:00am

	1998	JAI	DIVIS	Secretary o SION OF COF		ONS	Secretary	y 01 S	ıaı	.е	
	MN DEVE	LOPMENT, IN)00005583 IC. Mailing Addres								
8205 LIMA RD FORT WAYNE IN 48818			8205 LIMA RD								
			FORT WAYNE				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 11/15/1995	<u></u>			
2. Principal Place of Business) —¬	2e. Mailing Address			4. FEI Number			olied For]
Suite, Apt. #, etc			26 Suite, Apt #	Suite, Apt #, etc.			35-1949004	<u> </u>		Applicable dditional	1
22			27				Certificate of Status Desired		Fee Rec		
City & State			City & State	City & State			Election Campaign Financing Trust Fund Contribution		5.00 N Added to		
Zip		Country	Zip		Country		8. This corporation owes or has p				1
24		25	29				Personal Property Tax due June 30. 🔼 Yes 🗌 No				_[
	9, Name I, MICHAEL		Current Registered Agent		81	Name	10. Name and Address of New R	egistered Agen	<u>a</u>		┨
		Dak dr. suite :	200								4
NAPLES FL 33963					62	Street Ad	dress (P.O. Box Number is Not Accepta	.ble)			
					83						1
i					84	City		—, 85	Zip C	ode	1
11 Pursuant	to the provin	ions of Sections 60	37 0503 and 607 1609 Flor	ida Statutos	the phove	namod co	rporation submits this statement for the	FL Durpose of char	Daina ita	registered	
office or r	registered ac	jent, or both, in the	State of Florida. Such cha	nge was auth	norized by	the corpor	ration's board of directors. I hereby acce	pt the appointm	nent as r	egistered	
SIGNATURE		,	Barrers of correct and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Signature, typed		ord agent and title it applicable	(NOTE Re	egistered Age	nt signature rec	juired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ECTOR	2 181 12	ŀ
12.	CP	OFFICER	RS AND DIRECTORS	ELETE	1.1 TITLE	 -	ADDITIONS/CHANGES TO OFFI		Change	Addition	15
NAME	BOK, M	arvin L			1.2 NAME				-		
STREET ADDRESS	8205 LII				1.3 STREET	ADDRESS					[8
CHTY-ST-Z#P	l	AYNE IN 46818			1.4 CITY-S	T-ZIP					عِ إِ
TITLE	ST Bok, JA	METI	L) (DELETE	2.1 TITLE			U	Change	Addition	1
NAME STREET ADDRESS	8205 LM				2.2 NAME 2.3 STREET	ADDRESS					1
CITY-ST-ZIP		AYNE IN 46818			2.4 CITY - 5	1					1
TITLE				ELETE	31 TITLE				Change	Addition	1
NAME					3.2 NAME						
STREET ADDRESS	ĺ			1	3.3 STREET	1					ĺ
CITY-SI-ZIP TITLE			710)ÉLETE	3.4. CITY-S 4.1 TITLE	ST - ZIP			Change	Addition	┨
NAME	}				4. 2 NAME	1					1
STREET ADDRESS				i	4.3 STREET	ADDRESS					
CITY-ST-ZIP	 			NEL EXE	4.4 CITY-S	T-ZIP			<u> </u>	1 ()	1
TITLE	ļ		U	DELETE	51 TITLE	-		L)	Change	Addition	
NAME Street Address	!				5.2 NAME 5.3 STREET	ADDRESS					1
CITY-ST-ZIP	(Ì	5.4 CITY-S	j					1
TITLE				ELETE	6.1 TITLE				Change	☐ Addition	1
NAME	ĺ				6.2 NAME						1
STREET ADDRESS	ł				6.3 STREET	i i					
City-St-ZiP	Cortify that th	e information supp	light with this filing done on	t quality for t	6.4 CITY-S		in Section 119 07/3/(i) Florida Statutes	1 further certify	that the	information	4

Thereby cortify 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 suppliemental 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 embrowered 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.

IGNATURE:

| BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: