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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

F9700006038 (0)

DOCUMENT #

FILED Mar 27 1998 8:00am Secretary of State

PEMPU	MMANUE AUGEFTANGE FU	INDING CURPURATION	•	
Principal Plac	e of Business	Mailing Address		
9240 BONITA	BEACH RD. #1109	9240 BONITA BEACH RD.	. #1109	
BONITA SPRINGS FL 34133 BONITA SPRINGS FL 34				0.0 1.07 1.10 17 11 10 00 1.05
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a. Mailing Address		11/17/1997 4. FEI Number Applied For
21	Too of Edomical	26		35-1934728 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	_	27		5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Zip 34	135 Country	Zip 34135	Country	8. This corporation owes or has paid the current year Intangible
4 37	9. Name and Address of Curren	1	30 USA	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		r ueðisreren vðeur	81 Name	10, Name and Audress of New Registered Agent
	T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)
PL	ANTATION FL 33324		83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	im familiar with, and accept the obligation of t		Fregistered Agent signature	e required when reinstalling) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELET £	1.1 TITLE	Change Addition
NAME	WEST, THOMAS M		1.2 NAME	·
STREET ADDRESS	1614 LANDS ENDS VILLAGE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPITIVA FL 33924 VST	☐ DELETE	1.4 CITY-ST-ZIP	Change ☐ Addition
NAME	GRAZIANI, LEEANNE		2.2 NAME	Continue - Notified
STREET ADDRESS	3249 PINE RIDGE RD., #101		2.3 STREET ADDRESS	3225 CYPRESS GLEN WAY #101
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP	MAPLES, FL 34109
TITLE	SV	DELETE	3.1 TITLE	Change Addition
NAME	WAGONER, RICHARD A		3.2 NAME	
STREET ADDRESS	2394 NASH ST.	•	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625		3.4. CITY+ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	STAINBROOK, JOHN M		4, 2 NAME	
STREET ADDRESS	2953 FOXBOROUGH DR.		4.3 STREET ADDRESS	250 N. SHADELAND AVENUE
CITY-ST-ZIP	GREENWOOD IN 46143	·····	4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46219
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VONDEYLEN, JERRY D		5.2 NAME	250 M. SHADELAND AVENUE
STREET ADDRESS	8211 LAKE SPRINGS CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46143	······································	5.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46219 Change Addition
TITLE	D	DELETE	6.1 TITLE	Change Addition
NAME	HOKANSON STEVEN P		6.2 NAME	I

STREET ADDRESS 5615 AUDUBON RIDGE

CITY-ST-ZIP INDINAPOLIS IN

14. I hereby certify 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 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.

219199

عمد اعمد ماوحد