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

DOCUMENT # G00960

(6)

BATCHELOR & VOJAK, P.A.

FILED Mar 04 1997 8:00am Secretary of State



Principal Place of Business 4171 BONITA BEACH RD. P.O. BOX 1899 BONITA SPRINGS FL 33959		Mailing Address 4171 BONITA BEACH RD. P.O. BOX 1899 BONITA SPRINGS FL 34133-1899			Date Incorporated or Qualified						
						10/01/1982	01/3	0/1996			
	ace of Business	2a. Mailing Address	3	•••••		4. FEI Number			pplied For		
21		26				59-2218658			ot Applicable		
Surte, Apt. #, etc		Suite Apt. #, etc.				5. Certificate of Status Desired			Additional equired		
City & State	3	City & State				6. Election Campaign Financing			May Be		
23 28						Trust Fund Contribution			to Fees		
7	Country	Zip	Cou	untry	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	8. This corporation has liability for i					
24 3413	7 25 COLLIEN	ا 29	30			Florida Statutes	Yes [] No			
	9. Name and Address of Curren	t Registered Agent		T,		10. Name and Address of New Re	gistered A	gent			
BATO	CHELOR, DAN E., ESQ.			81	Name						
4171	4171 BONITA BEACH RD.					82 Street Address (P.O. Box Number is Not Acceptable)					
	3OX 1899					,					
BON	ITA SPRINGS FL 33923			83							
				84	City			85 Zip	Code		
						poration submits this statement for the p	FL				
SIGNATURE	of farminar with, and accept the obligation of t	ு and ritin if applicable D DIRECTORS	(NOTE Registere	ed Age		red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND				
TITLE	PVT	□ DELET	Έ 1.1 Ť	TLE	ļ			Change	Addition		
NAME	BATCHELOR, DAN E		1.2 N	IAME							
\$TREET ADDRESS	4171 BONITA BEACH RD.		1.3 \$	STREET	ADDRESS						
C-TY - ST - ZIP	BONITA SPRGS, FL 00000	T SUE		ITY-S	T-ZIP			Channa	I (4 adition		
TITLE	D DATOUELOD DAN E	[] DELET						Change	Addition		
NAME	BATCHELOR, DAN E 4171 BONITA BEACH RD		2.2 N								
STREET ADDRESS	BONITA SPRGS, FL 00000				ADDRESS						
CHTY - ST - ZIP TITLE	DOMIN OF LOOP IF MOON	DELET		CITY-S	SI-ZIP			Change	Addition		
NAME		Jeec	32 N								
STREET ACIDRESS			4		ADDRESS						
City-St-ZiP				CITY-S							
TITLE		DELET						Change	Addition		
NAME			4.21	NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY - S	1						
TITLE		DELET						Change	Addition		
NAME			5.2 N	IAME							
STREET ADDRESS			5.3 \$	STREET	ADDRESS						
CITY - ST - ZIP			540	CITY-S	T-ZIP						
TITLE		☐ DELET						☐ Change	Addition		
NAME			6.2 N	NAME							
STREET ADDRESS			6.3 \$	STREET	ADDRESS						
D:TY+ST-ZiP			6.4 0	OTY-S	(-Z)P						

14. Loo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 office or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in charged, or on an attachment with an address.

SIGNATURE:

941-992-6712