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 # G38806

(7)

CAPE	CORAL	MOBIL,	INC.		

FILED May 13 1997 8:00am Secretary of State



Principal Place of Business C/O CHERIE LENZ 739 CAPE CORAL PKWY. CAPE CORAL FL 33904		C/0 739	Mailing Address C/O CHERIE LENZ 739 CAPE CORAL PKWY. CAPE CORAL FL 33904-8551								
							3. Date Incorporated or Qualified 05/17/1983		ate of La 01/199	st Report 6	
Principal Place of Business 1		2a. 26	2a. Mailing Address 26			F0.004F004			Applied For Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country 25		Zip Country 9 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9, Name and Address of Curre	nt Regist	ered Agent			,	10. Name and Address of New Re	gistered	Agent]
LEN	z, Cherie			l	81	Name					
	CAPE CORAL PKWY.			ł	62	Street A	ddress (P.O. Box Number is Not Acceptal	ole)			-
CAP	E CORAL FL 33904				83			<u> </u>			-
					84	City	The state of the s	P* 1	85	Zip Code	
dd Dinas	to the modeline of Continue COZ OF	00 00	7 4500 Decide Otali	100 100 01				۲L			
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	oz and 60 e of Florid pations of,	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	authorized Iorida Stati	bove liby lites	s-named o the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acce	pt the app	changii ointmen	ig its registered Las registered	
SIGNATURE	Signature typed or printed name of registered age	out and title if	applicable (NO	1E : Hegistered	Age	ent signalure re	equired when teinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFI	CERS AND			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE	PVPS		DELETE	1.1 10	LF	- 1			Chan	ge 🔲 Addition	ē
NAME	LENZ, BRIAN			1.2 NA	ME						2
STREET ADDRESS	SEES HIDDEN ACRES OIR.					ADDRESS	734 CAPE COOK PE CAPE WRAL FL 3	wy			BOEDSA
CITY-ST-ZIP	N_FT. MYERS FL	·	Dillete	1.4 CH		1 - 7 2	CAPE WRAL FL 3	8501	Char	no Addition	
TITLE			DELETE	2.1 TH					☐ Char	ge L Addition	٦
NAME				22 NA							
STREET ADDRESS				1		ADDRESS					ļ
CITY-ST-ZIP TITLE			DELETE	2. 4 CI		SI · ZIP			Char	ge Addition	
NAME				3.2 NA					L 01.0	go El Houtton	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4 CI							
TITLE			DELETE	4.1 10		01-21			Char	ge Addition	Ŧ
NAME			-	4.2 N/					_	-	1
STREET ADDRESS				4.3 ST	REF1	ADDRESS					
CITY-ST-ZIP				4.4 CI							
TITLE			DELETE	5.1 111					Char	ge Addition	1
NAME				5.2 NA							
STREET ADDRESS				5.3 ST	REFT	ADDRESS					
CITY-ST-ZIP				5.4 CI		1					
TITLE			DELETE	61 TIT					Char	ige 🔲 Addition	
NAME				62 NA	ME						
STREET ADDRESS				63\$1	REET	ADDRESS					
CITY-ST-ZIP				6 4 Cri	Y-8	I - ZIP					

14. I do 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.