

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

\* CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MURPHY  
Secretary of State  
1995

APPROVED  
AND  
FILED

DOCUMENT # **G43590** (0)

55 MAY -1 AM 8:34

AUBREY J. FERRAO, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O MARK WOODWARD  
801 LAUREL OAK DR. STE. 640  
NAPLES FL 33963

Mailing Address: C/O MARK WOODWARD  
801 LAUREL OAK DR., STE. 640  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 State App # 21  
22 City & State: 23  
24 Zip: 25 Country: 29

2a. Mailing Address: 26 State App # 27  
28 City & State: 28 Zip: 30 Country: 30

3. Date Incorporated or Qualified: 06/14/1983  
3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-2298380 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WOODWARD, MARK J.  
WOODWARD, PIRES & ANDERSON, P.A.  
801 LAUREL OAK DR., STE. 640  
NAPLES FL 33963

10. Name and Address of New Registered Agent  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3  
B4 City, FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.02(3) and 607.01(1)(B) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(3) Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. CONTROLLED AND INTERESTS

12.1	NAME: DP	12.2	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	ADDRESS: FERRAO, AUBREY J. 4001 TAMiami TRAIL N., STE.350 NAPLES FL	12.3	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	NAME:	12.4	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	ADDRESS:	12.5	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	NAME:	12.6	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	ADDRESS:	12.7	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7	NAME:	12.8	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8	ADDRESS:	12.9	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9	NAME:	12.10	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	ADDRESS:	12.11	CONTROLLED BY: <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONAL CHANGES TO CONTROLLED AND INTERESTS

14. I hereby certify that the information supplied with this filing is, verbatimly furnished and true and equally for the corporation stated in Section 199.032 Florida Statutes. I hereby certify that the information is stated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. That I am an officer or director of the corporation or the receiver or trustee of the corporation as required by Chapter 607 Florida Statutes. and that my name appears on Block 12.1 of this filing.

SIGNATURE: *Aubrey J. Ferrao* DATE: 4/25/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Aubrey J. Ferrao 813-434-2080