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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G48898

(2)

FILED
Apr 17 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address C/O DENNIS H. BUBAR 4600 CUMMINS COURT FORT MYERS FL 33905 US Mailing Address C/O DENNIS H. BUBAR 4600 CUMMINS COURT FORT MYERS FL 33905 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal P	ace of Business	2a, Mailing Address				07/11/1983 4, FEI Number Applied For
21		26				31-1071467 Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 Zip	Country	City & State 28 Zip		untry		6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	25	29	30	utiliy		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre			T		10. Name and Address of New Registered Agent
11. Pursuant office or reagont 1 a						FL 85 Zip Code I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered a	ent and title if applicable ID DIRECTORS		-	nt signature r	e required when reinstalling) DATE
12.	DP OFFICERS AF	DELETE	13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	BUBAR, DENNIS H 4600 CUMMINS COURT FT MYERS, FL 00000	La Decere	12 N 13 S	IAME	ADDRESS 1-ZIP	- Change - Facility
TITLE	DV	☐ DELETE	2.1 1	2.1 TITLE		Change Addition
NAME	BUBAR, RODNEY J		2.21	IAME		
STREET ADDRESS	4600 CUMMINS COURT		2.3 \$	TREET	address	
City-St-ZIP	FORT MYERS FL			CITY-\$	T-ZIP	
TITLE	DST	☐ DELETE	I			Change Addition
NAME	BUBAR, ROBERT H		3.2 N		į	
STREET ADDRESS	4600 CUMMINS COURT				ADDRESS	
CITY-SI-ZIP	FORT MYERS FL	DELETE		CITY-S	T-ZIP	Change Addition
TITLE					İ	Change Addition
NAME				NAME	į	
STREET ADDRESS			4.3 \$	TREET	ADDRESS	1

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 as upplemental 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME 6 3 STREET ADDRESS

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Lange State

DELETE

DELETE

03/17/98

941-332-4400

Change Addition

☐ Change ☐ Addition