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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # n Name S NORTH CLE	H66782 Aners, Inc.	(4)							
Principal Place of Business			Mailing Address				1 1001014 0410 0414 0434 10004 10140 1404 040			
5075 9 ST NORTH NAPLES FL 33940			842 6 AVENUE SOUTH NAPLES FL 20910 34102				DO NOT WRITE IN	THIS SHAT	`E	
US			U\$				3. Date Incorporated or Qualified	11110 01 AC		
							07/17/1985			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			oplied For
21			26				59-2562506		No	ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27						Fee Re	· · · · · · · · · · · · · · · · · · ·
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Cc	ountry	Zip	Cour	ntry		8. This corporation owes or has paid th			
24	25]		29	30			Personal Property Tax due June 30.	∠ Yo] No
		ddress of Current I	Registered Agent		81	Name	10. Name and Address of New Regist	ered Ager	<u></u>	
FY	KE, JERRY	001001		Ĺ						
842 SIXTH AVENUE, SOUTH NAPLES FL 88840 35/02					82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
		•			83					
				ľ	84	City		FL 85	Zip (Code
11. Pursuant office or a agent I a	to the provisions of ogistered agent, or m familiar with, and	Sections 607,0502 aboth, in the State of accept the obligation	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, Fl	tes, the ab authorized lorida Statu	iove I by iles.	named corporation	oration submits this statement for the purpoion's board of directors. I hereby accept the		.L nging it nent as	s registered registered
	Signaturo, typed or predoc	frame of registered agent	·		Ago	л signature require		ATE	COTOR	
12.	OFFICERS AF		ND DIRECTORS DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		Change	Addition
NAME	FYKE, JERRY		veren	1.2 NA				ا لسا	жиндо	[_] Modelon
STREET ADDRESS	842 SIXTH AV	ENNE SOUTH				ADDRESS				
CITY-ST-ZIP	NAPLES FL	LNOC, OCOM		14 01						
TITLE	VSD		☐ DELETE	21 1(1)					Change	Addition
NAME	DUFFY, JIM			2 2 NA	ME					
STREET ADDRESS	842 SIXTH AV	ENUE, SOUTH		2 3 \$16	REET #	address	er e	٠.		
CITY-ST-ZIP	NAPLES FL			2.400	Y-\$1	T-ZIP				
TITLE			☐ DELETE	3 1 111	LE				Change	☐ Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 S1F	REET #	ADDRESS				
CITY-ST-ZIP			Delete	3.4. CI		1- ZIP		····	<u></u>	T Address
TITLE			DELETE	4.1 1 1				البا	Change	Addition
NAME				4. 2 NA		1000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CIT 5.1 TIT	•	- 211			Change	☐ Addition
NAME			Mark	5.2 NAI		İ		`		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT						
TITLE			DELETE	6 1 TITI	_		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2 NA	νIE					
STREET ADDRESS				63 STF	EET A	ADDRESS				

CITY-ST-ZIP

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 aroutal report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.

FILED

Jan 16 1998 8:00am

Secretary of State