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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H72179

(5)

EUGERIA									
Principal Plac	e of Business	Mailing Address				1 iffaith ficht chuid lithet Hibit chaid iant a	1900 P WINDLE WILL	,,, #1811 #1814	B1011 1001
1410 SE 16TH PLACE CAPE CORAL FL 33904 4410 SE 16TH PLACE CAPE CORAL FL 33904-7431									
						Date Incorporated or Qualified 08/21/1985		te of Last I 0/1996	Report
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21	Suite, Apt. #, etc.	# oto			59-2582757			ot Applicable	
						5. Certificate of Status Desired		.,	Additional lequired
City & Stat	le	City & State				6. Election Campaign Financing) May Be
13		28				Trust Fund Contribution			to Fees
Z _{(\$})	Country	Zip	Cour	ntry		8. This corporation has liability for i	ntangible i		
24	25	29	30					No	n
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	.,,
	10, OFELIA		ŀ	B1 N	Name				
4410 SE 16TH PLACE				62 5	Street Addr	Address (P.O. Box Number is Not Acceptable)			
CAP	E CORAL FL 33904		}	83					
			1	63					
			Ī	84 (City		FL	85 Zip	Code
agent. La SIGNATURE	am familiar with, and accept the oblig Signerice types or proted name of registeres eg					poration submits this statement for the p tion's board of directors. I hereby accep rea when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	☐ DELETE	1,1 Til					Change	Addition
NAME	THEOPISTOS, GEORGE		1.2 NA						
STREET ADDRESS	4403 SE 20TH PLACE CAPE CORAL FL			REET AD					
C. TY - ST - ZIP	TD	DELETE	1.4 CII 2.1 TII	TY-ST-2	/IP			Change	Addition
TOTLE	DAVID, OFELIA		2.1 III					Land College	
NAME STREET ADDRESS	3607 SE 17TH PLACE			reet ad	neree				
	CAPE CORAL FL			17Y-ST					
CHY-ST-ZIP TIFLE	TD	DELETE	3.1 111					Change	Addition
NAME	MANALILI, LYDIA (ASST.)		3.2 NA					-	
STREET ADDRESS	1821 CORAL CIRCLE		3.3 ST	REET AD	DRESS				
CITY-ST-ZIP	N. FORT MYERS FL			ITY+ST-					
TITLE	SO	DELETE	4.1 T()					Change	Addition
NAME	DAVID, VICTORIA		4. 2 N	AME	1				
STREET ADDRESS	5089 N. HAMPTON DR.		4.3 \$1	IREET AD	DRESS				
CITY-ST-ZIP	FORT MYERS FL		4.4 CI	TY - ST - 2	ZIP				
THILE		☐ DELETE	5.1 (1)	TLE				Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	ireet ad	idress				
CITY-ST-ZIP		nr.r+r		TY-ST-	ZIP	<u> </u>		Chance	Addition
THILE		DELETE	6170					☐ Change	LI AUGINOR
NAME			62 N/						
STREET ADORESS				TREET AD	1				
CITY -ST - ZiP	1		64 CI	ITY-ST-	2IP [

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 suppliemental 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