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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

•	1998	6.2		DIVISION OF	CORPORA	TIONS	Secretary ()1 Sta	ale
1. Corporation	MENT # IFIED FINAL	117-70		(8)			1 (68)(() A() 306)(84)(85)(A 30)(64) A()	11 212 11 212 11 2 1211	ANDON FARAF
Drive signal Disease	- (D		h de ilia						
Principal Place of Business				ig Address					
4821 WEST BLVD NAPLES FL 34103				West BLVD .es fl. 34103					
US		US				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		ļ
2. Principal Pi	ace of Business		2a. M	ailing Address			08/30/1985 4. FEI Number	Apr	plied For
21			26				59-2599386		Applicable
Suite, Apt. #, etc			Sı	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22			27					Fee Rec	quired
City & State	· · · · · · · · · · · · · · · · · · ·	·	28	ty & State		····	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country Zip 25 29		Þ	Country 30		8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes No			
24 25 25 25 Name and Address of Current				ed Agent	[30]		10. Name and Address of New Registered		140
FFS	ENSTROM, MI					Name			
	1 WEST BLV				-	Street Add	dress (P.O. Box Number is Not Acceptable)		
	PLES FL 3410				Ľ				
					i i	33			
					1	34 City	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ove-named cor			registered
office or re	egislered agent	, or both, in the	State of Horida.	Such change was	authorized	by the corpora	ation's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE	ti tarrinar witri, e	апо асхори инс	obligations of, or	ection (67:0303, r	ionica Statu	163.			
SIGNATURE .	Signature typed or po		rod agent and title if ap			Agent signature requ	uired when reinstating) DATE		
12.		OFFICER	S AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	u word		☐ DELETE	1.1 T(7L			L_ Change	Addition
NAME CAREEY ADDRESS	FERNSTROM, MICHELLE M.			1.2 NAM	-			,	
STREET ADDRESS CITY-ST-ZIP	14821 WEST BLVD NAPLES FL 34103			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	TWO CES TO	-		DELETE	2 1 TITL		11/04	Change	☐ Addition
NAME					22 NAM	IE			
STREET ADDRESS					2 3 STR	EET ADDRESS			
CITY-ST-ZIP					2 4 CIT	Y-ST-ZIP			
TITLE				☐ DELFTE	3 1 TITL	i		Change	Addition
NAME					3.2 NAM	1			}
STREET ADDRESS					l l	EET ADDRESS			
CITY-ST-ZIP TITLE				DELETE	4.1 TITE	Y-ST-ZIP F		Change	Addition
NAME					4. 2 NA				
STREET ADDRESS					4	EET ADDRESS			
CITY-ST-ZIP					4.4 CITY	-ST-ZIP			
TITLE				DELETE	5.1 TITU	E	-	Change	☐ Addition
NAME					52 NAM	1			
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP				DELETE	_	-ST-ZIP		Change	Addition
TITLE				C) butter	61 THL			C CHAINGE	ן ווטוויטעה נ
NAME PROTET ADDOCCO					6.2 NAN				
STREET ADDRESS					0.3 STR	EFT ADDRESS			

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 supplienental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 ordiged, or on an attachment with a address

SIGNATURE:

FILED

Feb 17 1998 8:00am