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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
Division of Corporations

1996 DOCUMENT #

H74599

(2)

FILED May 01 1996 8:00 am Secretary of State

Principal Place	I PROPERTIES, INC. of Business PAST STREET	Mailing Address 2180 West First Str Ste 500 Ft. Myers FL 33901 Us	2180 WEST FIRST STREET STE 500 FT. MYERS FL 33901			3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1985			
						U	5/01/198	<i>!</i> 5	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2586117			Applied For Not Applicable	
Suite, Apt. #	π, e lc.	Suite, Apl. #, etc.			5. Gertificate of Status Dosired		\$8.75	Additional Required	
City & State	;	City & State			6. Election Campaign Financing			0 мау Ве	
3		28			Trust Fund Contribution		Adde	d to Fees	
Ζφ 4	Country 25	Ζιρ 29	Gountry 30	<i>;</i>	8. This corporation has liability for Florida Statutes Yes	intangible ti 	ax under s	199.032,	
<u> </u>	9. Name and Address of Curr	L	1301		10. Name and Address of New F		Agent		
			81	Name		/ <u></u>			
COUCH, RICHARD G 2180 W. FIRST ST. FT. MYERS FL 33901			82		Address (P.O. Box Number is Not Acceptable)				
			83						
* * * M L	(10 I E 0000 i		L_						
			84	City		FL	85 Z ₁	o Code	
or registeri familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fla th, and accept the obligations of, Sc	orida. Such change was authoriz	red by the corp	named corpor poration's boar	ation submits this statement for the purel of directors. I hereby accept the app	irpose of ch pointment as	anging its r registered	egistered office Lagent Tarri	
or registeri familiar wit SIGNATURE 12.	ed agent, or both, in the State of Floria, and accept the obligations of, Sc Squaran Great Chemistral act rejisted by	orida: Such change was authoriz ection 607.0505, Florida Statutes	red by the corp S. DIE Regional (April 13.	oration's bloar	ADDITIONS/CHANGES TO OFF	DATE	o DIRECTO	lagent Larii	
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4. To nereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 1190/(3)(k), Fronta Statutes. Further certify that the information indicated on this armost report or supplemental armoal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm an officer or director of this corporation of this series 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 all fittal ment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96. 941-337-177