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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # H75091** 

(9)

Principal Plac	ERY BAY, INC.	Mailing Address	<u>, , ,</u>								
7205 ESTERO BLVD 7205 ESTERO BLVD 80X 714 80X 714											
FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33						}	3. Date Incorporated or Qualified	l se Das	e of Las	Poppet	7
		,				1	09/10/1985		1/1996		}
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number			Applied For	1
21	b	Suite, Apt. #, etc.			<del></del>		59-2575078	·		Not Applicable	4
Suite, Apt	. #, EIG	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Regulred	
City & Sta	ite	Crty & State			<del></del>	-	6. Election Campaign Financing			May Be	7
23		28					Trust Fund Contribution			d to Fees	
Zip	Country	Zip	h	ıntry			8. This corporation has liability for			r s. 199.032,	-
24	25 9, Name and Address of Cure	29	30	_			Florida Statutes  10, Name and Address of New Re	Yes C			-
LIAD	TUNG, MARTHA A.	but Hodistolog Adolf		81	Name		TO, Hame and Address of New No.	Aletolog V	gom		1
	5 ESTERO BOULEVARD			82	Ctropt A	ddraa	ss (P.O. Box Number is Not Acceptab	ua)			4
	TE 16B, VILLA SANTINI PLAZA			62	Street A	,ooi es	ss (F.O. Box Number is Not Acceptat	ne <i>)</i>			_
	IT MYERS BEACH FL 33931			83			1				
				84	City				85 Z	p Code	7
44 Dustant	the the provinces of Captions CA7.6	CO2 and CO7 1500 Florida Prote	too the o	<u> </u>		200000	ration cultimits this statement for the s	FL	changin	n ite registered	4
office or	registered agent, or both, in the Sta	ate of Florida. Such change was	authorize	d by	the corp	oration	ration submits this statement for the p n's board of directors. I hereby accep	ot the appo	intment	as registered	-
	ant farithar with, and accept the ob	agations of, Section 607.0505, F	iorida Sta	tutes	S.						Į
SIGNATURE	Stylinative sylvictor printed name of registered	agent and title if applicable (NO	TE Registere	d Age	nl ergnalure r	required	when reinstating)	DATE			
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND			
11TcF	PD	☐ DELETE	111		- 1				Chang	e Addition	
NAME	HARTUNG, MARTHA A.	HTE OSO	1.2 N								13
STREET ADORESS	4551 BAY BEACH LANE SU FT. MYERS BEACH FL	HIE 302			ADDRESS						10000
CITY-ST-ZIP TITLE	PI. MIERO DEAURI PE	DELETE	2.1 To		T-ZIP		::				(
NAME		- present	2.2 N		- [			•	·		Т
STREET ADDRESS					ADDRESS						1
CITY-SI-ZIP			1		ST-ZIP						1
1.114		DELETE	3.1 T						Chang	e Addition	7
NAME			3.2 N	AME	- 1						
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CHY+ST-7IP			3.4 (	CITY-	ST-ZIP			····			
Tills		☐ DEL€TE	4.17	ITLE	Ţ				Chang	e Addition	1
NAME			4 2 1	VAME							ı
STREET ADDRESS			4.3 S	TREET	address		V.				1
CiTY+S1-ZiF					T-ZIP						4
THLE		☐ DELETE	5.1 T						Chang	e L Addition	1
NAM?			5.2 N								
STREET ADDRESS					ADDRESS						-
CITY ST-7F		T nei ere			Y-ZIP				Char	n Iddələr	-
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VAME			6.2 N								1
STREET ADDRESS			- 1		ADDRESS						
CITY - ST - ZIP	1		6,40	11Y-S	IT-ZIP						_

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 supplemental 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 attackment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NA

OFFICER OR DIRECTOR

1 24 97 941-463-4715

**FILED** 

May 02 1997 8:00am

Secretary of State

Phone #