FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
			TMENT OF STATE		
	JAL REPORT		i . Mortham ry of State		
		CORPORATIONS	Secretary of State		
JCUI	MENT # H9335	57 (2)	·····		
	NTERPRISES OF S.W. FL				
ncipal Place of Business Mailing Address				{ I NARANA I RAMA INTERNA INTERNA	
RVILLE BYRD 9 66th St. S.W.		% ORVILLE BYRD 2599 66TH ST, S.W.			
ES FL 339		NAPLES FL 34105-7307		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/07/1986	01/26/1996
rincipal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2749779	Applied For Not Applicable
uite, Apt. i	#, etc	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
ity & State	0	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
	Country	28	Country	Trust Fund Contribution	Added to Fees
ip.	Country 25	29	30		Yes No
עטעם	9. Name and Address of Cur D, ORVILLE	rent Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
) 66TH ST. S.W.			Iress (P.O. Box Number is Not Accept	abla)
	LES FL 33999				
			83		
			84 City		FL 85 Zip Code
	Signature space or protect more of registered OFFICEIRS	AND DIRECTORS	 Registered Agent signature required 13. 		DATE FICERS AND DIRECTORS IN 12 Change Addition
	BYRD, ORVILLE	DELETE	1.1 TITLE 1.2 NAME		Change L Addition
1 ADDRESS	2599 66TH ST. SW		1.3 STREET ADDRESS		
ST-ZiP	NAPLES FL.		1.4 CITY-ST-ZIP 2.1 TITLE	······································	Change Addition
	BYRD, GREG		2.2 NAME		
T ADDRESS	6031 12TH AVE. SW		2.3 STREET ADDRESS		
ST-ZIP	NAPLES FL ST	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change D Addition
	BYRD, PATRICIA		3.2 NAME		28 v
l address St- Zip	2599 66th st. Sw Naples Fl		3.3 STREET ADDRESS 3.4. CITY - ST~ ZIP		
	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		Change Addition
1 ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
ST-2IP		· · · · · · · · · · · · · · · · · · ·	4.3 STREET ADDRESS 4.4 CITY - ST-ZIP		
		DELETE	5.1 TITLE		🛄 Change 🔛 Addition
I ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
1		L] DELETE	6.1 TITLE 6.2 NAME		L Change L Addition
			6 3 STREET ADDRESS		
t address St-Zip	by control that the information are	nlied with this filion does not curt	64 CITY-ST-2#P	d in Section 119 07(3)(i) Florida State	tas. I further cortify that the
1 ADDPESS \$1- ZIP I do herel informatic 1 am an o	by certily that the information sup on indicated on this annual report officer or director of the corporation in Block 12 or Block 13 if orlanger	o supplemental annual report is for the receiver or trastee empty	Ify for the exemption state true and accurate and the pered to execute this repo	ed in Section 119.07(3)(i), Florida Statu at my signature shall have the same le ort as required by Chapter 607, Florida	ites. I further certify that the gal effect as if made under oath; that I Statutes; and that my name