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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

D 1.	•			JO3814 OF SOUTHWE		(7) Orida, inc.								
Principal Place of Business Mailing Address														
13101 N CLEVELAND AVE. N. FT. MYERS FL 33903						13101 N CLEVELAND AVE. N. FT. MYERS FL 33903					DO NOT WRITE IN THIS SPACE			
											Date Incorporated or Qualified 03/12/1986			
2.	Principal Place of Business					2s. Mailing Address				•	4. FEI Number Applied For			
21					26						59-2687611 Not Applicable			
22	Suite, Apt.	uite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			
23	City & State	ity & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
ŀ	Ziρ					ountr	y		8. This corporation owes or has paid the current year Intangible					
24		25 29 30						Personal Property Tax due June 30. 📅 Yes 🔲 No						
<u> </u>				Address of Current	Registe	ered Agent		81	Nan		10. Name and Address of New Registered Agent			
HANEY, DON E. 13101 N. CLEVELAND AVE. N. FT. MYERS FL 33903								82		et Addre	ress (P.O. Box Number is Not Acceptable)			
								. 64	City		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												s registered registered		
SIG	NATURE	Signature, typed or printed name of registered agont and tritle if applicable (NOTE: Registe						istered Agent signature required			red when reinstating) DATE			
12.	12. OFFICERS AN								ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		RS IN 12			
TITL		DP					1.1 TITLE			Change	Addition			
NAM	NE [DON E					1.2	NAME				ĺ		
STRE	EET ADDRESS			EVELAND AVE.			1.3	STREET	T ADDRES	is				
	/-ST-ZIP	NO FT.	MYE	RS FL	,	Drugge Control	_		ST - ZIP		[] Ohean	Addition		
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NAM							5.2	NAME		1				
	EET ADDRESS						5.3	STREET	T ADDRES	S				
CITY	r-ST-ZIP					DELETE		CITY-S	ST-ZIP	-	Channe	Addition		

14. Thereby 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 attachment with an address.

6.3 STREET ADDRESS

6.4 City-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 30 1998 8:00am

Secretary of State