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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1	INUAL REPORT		Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
т Сограгага	MENT # JO	5503	(4)							
ILANE	CAMINI, INC.							A HIN DIDI	 01010 11011 91011 01011 1	1189 1181
Principal Frac			Albert Address							
1400 COLOMAI SUITE 70 FT. MYERS FL	L BLVD.	14 SU	Mailing Address 1400 Colonial BLVD. Suite 70 FT. Myers FL 33907-1054							
							 Date Incorporated or Qualif 03/24/1986 	ied 8	3a. Date of Last Ri 06/25/1996	eport
2. Principal P	kine of Busness	2a 26	. Mailing Address				4. FEI Number 59-2677283		Ap	plied For t Applicable
Suite Apt	# etc.	27	Suite Apt. #, etc.				5. Certificate of Status Desired	ı [\$8.75 A	
City & State		[27]	City & State				6. Election Campaign Financia		\$5.00	·
23 Zop	Coont	28	Zφ	Cour	ntrv		Trust Fund Contribution 8. This corporation has liability	. for inter		
24	25	29		30			Florida Statutes		es 🔲 No	199.032,
WAD	9. Name and Addr RREN PHILIP COLLIN	ess of Current Regis	stered Agent		81	Name	10. Name and Address of Ne	v Regist	tered Agent	
535 VALMAR DRIVE				-	B2	Street Add	Iress (P.O. Box Number is Not Acce	eptable)		
FORT MYERS FL 33919				83						
							14.V 200.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11			
l					84	City			FL 85 7ip (
11. Persuant office or ragent La	to the provisions of Sec up dered agent, or both no fair far with, paid acc	tions 607.0502 and 6 h, in the State of Flori cept the obligations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	ites, the ab authorized forida Statu	iove i by lites	-named corp the corpora	poration submits this statement for tion's board of directors. I hereby a	the purp iccept th	iose of changing its ne appointment as	s registered registered
	Standing Typed or perfect run.	o d'agenter d'agent and tits DEFICERS AND DIRE		If Hegistered	Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO C		DATE	C 151 40
12.	STD	DECIDE AS SIME ORDER	DELETE	1.1 TH	LE.		ADDITIONS/CHANGES TO C)FF ICEN	Change	Addition
NAME	WARREN, MARY A	LICE		1.2 NA	ME					
SIRD LADING IS	535 VAL MAR DR. Ft. Myers Fl 339	10				ADDRESS				
City: S1 (2P)	PD		DELETE	1.4 C(I 2.1 1)(- ZIP			Change	Addition
NAME	WARREN, MARY A	LICE		2.2 NA	ME	1				
\$180 LACORESS	535 VAL MAR DR.	40				ADDRESS				
CHY SE Z:	FT. MYERS FL 339	ייי	☐ DELETE	2. 4 CT 3 1 TIT		T-ZIP			Change	Addition
NAM:				3 2 NA		}				
STREET ADDRESS.	1					ADDRESS				
City-51 7th			DELETE	3.4 CF 4.1 TH		T-ZIP			Change	Addition
NAME			[1] bitti	4. 2 NA		Į			Change	riddillon
STREET ADDRESS				4.3 ST	REET	ADDRESS				
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TELL NAME			L] DELETE	5 1 TH 5.2 NAI					Change	Addition
SIBELLADORADS				i i		ADDRESS				
CHY-SL-ZIP	<u></u>			5.4 CH				···		
Trit			DELETE	611;1					Change	Addition
NAMI 				6.2 NA		Approac				
STREET ALUGESS!				6.3 ST		ADDRESS I - 71P				

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 trackated 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 it am an other or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in thock 12 or Block 13.1 changed, or on an attachment with an address.

SIGNATURE: X

FILED

Mar 20 1997 8:00am