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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07291

(4)

FILED May 02 1997 8:00am Secretary of State

Principal Pla 5811 MEMORII STE 202 TAMPA FL 336 US		Mailing Address 5811 MEMORIAL HWY STE 202 TAMPA FL 33615-5000 US		3. Date Incorporated or Qualified 04/02/1986	3a. Date	of Last R	
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 37,77		oplied For
Suite, Apri	575 Bennington	26 3575 Be Suite, Apt. #, etc.	nnington	59-2959730		\$8.75	ot Applicable
2	ໍ້ື່ວັງ	27 21		5. Certificate of Status Desired		+	ednjieq Voorriousi
City & Sta		City & State	- F)	6. Election Campaign Financing		\$5.00	
3 + 1	. Myers, FL Country	28 Ft Myer	S, FL Country	Trust Fund Contribution 8. This corporation has liability for	intencible to		to Fees
	907 25 USA		AZU 0	Florida Statutes	Yes 🗌	No	. 195.002,
TN	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Ro	egistered A	gent	
• •	Jesdale, Richard S. 11 Memorial Hwy.			Richard S. Tru	esdal	e	
	TE 202	٠		iress (P.O. Box Number is Not Accepta 3575 Benning to	ble)		
	MPA FL 33615		83	# 71			
			84 City			65 Zip	Code
44 0	00	2		Ft. Myers	<u>FL</u>	32	ノタのコ
office or	it to the provisions of Sections 607,050; registered agent, or both, in the State am familiar with, and accept the obliga	or Unida. Such change was au	s, the above-hamed corpora thorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose or c opt the appoi	nanging it ntment as	registered
agenti	alli iz liget wigt, sing access gr. obliga	AND IS OF SUCHOILOW AND AND FIOR	iua siaiules.				
CICKIATUDE	Kackalakla	11.0000				5-97	
SIGNATURE	algorature, typica or printed name of register of tigo	nt and title if applicable (NOTE:	Registered Agent signature requ	ured when reinstating)	DATE	5-97	
12.	Signature, fysied or printed name of register d. ge OFFICERS AND	off and title if applicable (NOTE: D DIRECTORS	Registered Agent signature requ		DATE CERS AND I	5-97 DIRECTOR	RS IN 12
	OFFICERS AND PSD TRUESDALE, RICHARD S	nt and title if applicable (NOTE:	Registered Agent signature requ	ured when reinstating)	DATE CERS AND I	5-97	RS IN 12
12. HELE NAME	OFFICERS AND PSD TRUESDALE, RICHARD S 3575 BENNINGTON # 21	off and title if applicable (NOTE: D DIRECTORS	Registered Agent signature required 13.	ured when reinstating)	DATE CERS AND I	5-97 DIRECTOR	RS IN 12
12. Ditle Name Street Adoress Dity - \$1, ZIP	OFFICERS AND PSD TRUESDALE, RICHARD S	AT END THE MAPPICABLE (NOTE: D DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ured when reinstating)	DATE CERS AND I	5-97 DIRECTOR Change	RS IN 12
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information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is an an officer or director of indicated on this annual report is in the and accurate and that my signature shall have the same legal effect as if made under oath; that is an an officer or director of indicate on the reference of the report is true and that my signature shall have the same legal effect as if made under oath; that are not included in the reference of the report is true and that my signature shall have the same legal effect as if made under oath; that are not included in the reference of the report is true and that my signature shall have the same legal effect as if made under oath; that are not included in the reference of the reference

TRUESDALE

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

330-922-4931

e Phone #