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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT # J15092

(6)

OFFICIAL PRINCIPLE OF THE PRINCIPLE OF T	C.			<u>.</u> 1884/18 8/8/ 1188/ 8/1/			' 111 111 11
ipal Place of Business O FOWLER STREET MYERS FL 33901	Mailing Address 4460 FOWLER STREET FT MYERS FL 33901						
				3. Date incorporated or 0 05/16/1986	Qualified 3	a. Date of Last f 03/20/19	Report 195
incipal Place of Business	2a. Mailing Address	s		4. FEI Number 59-2690789			Applied Fo
uite. Apt. #, etc.	Suite, Apt. #, e	ılc.		5. Certificate of Status D	esized F	\$8.7	Not Applica 5 Additiona
ty & State	City & State					Fee	Required
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	28			6. Election Campaign Fin Trust Fund Contributio			00 May Be ed to Fees
Country	Zip	Country		8. This corporation has lie	ability for intar	ngible tax under s	
9. Name and Address of Curr	29 29 Agent	30		Florida Statutes	Yes []No	
	tent trogistorios Agorit	81	Name	10. Name and Address	of New Hegi	stered Agent	
PROSSEN, LOUIS F. JR.		82		ess (P.O. Box Number is Not	* acceptable)		£)
17 GEORGE TOWN FT MYERS FL 33907			Street Moun	BSS (F.O. DOX NUMBER IS NOT	Ассертавіе;		ì
"I MTERO EL 3390/		63				711.	······································
		84	City			FI 85 Z	ıp Code
ursuant to the provisions of Sections 607.05 r registered agent, or both, in the State of Fic amiliar with, and accept the obligations of, Se			amea corpor	ation submits this statement is	or the purpose	e of changing its	registered diagent. I a
ATURE	ection 607.0003, Florida 3ta	Rules.					
VIURE Signature, typical or phinted manner of registered ag	ection 607.0003, Florida 3ta	NOTE Registered Agent		I when reinstating)	·	DATE	
NURE Signatur, tyrest or position make at registeriou ago OFFICERS A	gent and the if applicable	(NOTE: Registered Agent 13. 1.1 TITLE			·	DATE	DRS IN 12
Signature, typest or printed name of registered as P PROSSEN, LOUIS F., JR. 4460 FOWLED CONTENTS	goot and total if they loadly. AND DIRECTORS	(NOTE: Registered Agent 13. 1.1 TITLE 1.2 NAME	signature required	I when reinstating)	·	DATE S AND DIRECTO	DRS IN 12
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 813-275-3525
Define Phone 8