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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u> 1998</u>

Principal Place of Business

DOCUMENT # J54078

(7)

Mailing Address

NUCKOLLS, JOHNSON & BELCHER, P.A.

FILED May 08 1998 8:00am Secretary of State



1375 JACKSO 303 FORT MYERS US	FL 33901		US	RS FL 33902			DO NOT WRITE IN TO 3. Date Incorporated or Qualified 01/28/1987			
2. Principal Place of Business			2a. Mailing	2a. Mailing Address			4. FEI Number	AF	oplied For	
21			26				59-2774120		ot Applicable	
Suite, Apt. #, etc.			27	pt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State			City & S	State			6. Election Campaign Financing	\$5.00		
23			28				Trust Fund Contribution	Added t	to Fees	
Zip		Country	Zip	h			8. This corporation owes or has paid the current year Intangible			
24	25 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			7 No		
			wr redistered wi	Jent	81	Name	10. Name and Address of New Registe	ed Agent		
137	HNSON, KA 15 JACKSO			82		Address (P.O. Box Number is Not Acceptable)				
	i. 303 Rt Myers	FL 33901		•	83					
-					84	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 registered 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.										
SIGNATURE	Signature typed	or printed name of registered a	gent and tile if applicable	. (NOIE F	legistered Ago	ont signature	required when reinstating) DA	TE.		
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	PD		İ	DELETE	1.1 TITLE			Change	Addition	
NAME)n, karl L			1.2 NAME					
STREET ADDRESS		CKSON ST				ADDRESS				
CITY-ST-ZIP		YERS FL			1.4 CITY - S	31-ZIP				
TITLE	ŤD			DELETE	2.1 TITLE			Change	Addition	
NAME		LLS, HUGH PAUL								
STREET ADDRESS		CKSON ST				ADDRESS	- 1	•		
CITY-ST-ZIP	FORT M	YERS FL	·····			ST-ZIP				
TITLE	SD			☐ DELETE				L Change	Addition	
NAME		r, w. gus II		3.		İ				
STREET ADDRESS		CKSON ST		3.3		ADDRESS				
CITY-ST-ZIP	FORT M	YERS FL				ST - ZIP				
TITLE				DELETE	4.1 TITLE			L Change	Addition	
NAME					4.2 NAME	1		•		
STREET ADDRESS					4.3 STREET					
CITY-ST-ZIP				DELETE	4.4 CITY-S	IT - ZIP		61	A dialetes	
TITLE				DELETE	5.1 TITLE	ĺ		☐ Change	☐ Addition	
NAME				,	5.2 NAME	I				
STREET ADDRESS					53 STREET	I				
CITY-ST-ZIP				DELETE	54 CITY-S	ST-ZIP		Chann	Addition	
TITLE				□ DELEH E	61 TITLE			☐ Change	☐ Addition	
NAME					6.2 NAME					
STREET ADDRESS					63 STREET					
CITY-ST-ZIP	ortifu that th	a information survived	with this filing doc	e not qualify for	6.4 CITY-S		and in Section 110.07/3Vi) Florida Statutos Liberthy	or cortify that the	information	
14. I hereby certify that the information supplied with this filing does not quality 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.										