COF	PROFIT RPORATION JAL REPORT 1997		Sandra B. Secretary	1	May 19 Secreta		
THE PE			ЭЕ.	- - -			
					 Date incorporated or Qualified 11/06/1987 	3a. Date of L 08/15/198	
2. Principal F	lace of Business	2e, Mailing A	ddress		4. FEI Number 65-0012281	-	Applied For Not Applicat
Sulte, Apt	#, etc.	Suite, Apt	. #, etc.	···	 Certificate of Status Desired 		75 Additional ee Required
City & Stai	0	27 City & Sta 28	ite		6. Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
Zip	Country	Zip		Country	8. This corporation has liability fo	r intangible tax un	lded to Fees der s. 199.032,
4	25 9. Name and Address of Curren	29 nl Registered Age		o]	Florida Statutes 10, Name and Address of New F	Yes No Registered Agent	
suit , ft. i	9 US 41 SE E 129 NYERS FL 33907 to the provisions of Sections 607.050 registered agont, or both, in the State femilier with and Recent the oblic	02 and 607.1508, F o of Florida Such cl	iorida Statutes hango was au	83 84 City	dress (P.O. Box Number is Not Accept rporation submits this statement for the alion's board of directors. I hereby acc	FL 85	Zip Code ing its registered
SUIT FT. I office or agent. I a SIGNATURE	E 129 NYERS FL 33907 to the provisions of Sections 607.050 registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and litle if applicable		83 84 City the above-named co thofized by the corpor- da Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	FL 85 purpose of chang ept the appointme	ing its registere nt as registered
SUIT FT. I 11. Pursuant office or agent. I a	E 129 NYERS FL 33907 to the provisions of Sections 607.050 registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and likis if applicable		83 84 64 City thotized by the corpord da Statutes. Registered Agent signature req 13. 1.1 TILF 1.2 NAME 1.3 STREET ADORESS	rporation submits this statement for the ation's board of directors. I hereby acc	FL 85 purpose of chang ept the appointme	ing its registered nt as registered CTORS IN 12
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SUIT FT. I office or agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E 129 WYERS FL 33907 to the provisions of Sections 607.050 registered agont, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag- OFFICERS AN D DANIELS, BARBARA J. 13499 U.S. 41 SE, STE. 129 FT. MYERS FL D DANIELS, JEROME F. 13499 U.S. 41 S.E STE. 129	en and ikle / applicable	(NOTE - 1] DELETE] DELETE] DELETE	83 84 City the above-named controlized by the corpord of the corpord signature requirements 11 13 1.1 12 1.1 12 1.1 12 13 1.1 12 1.1 12 13 14 17 15 14 17 15 17 16 17 17 17 18 17 17 18 19 11 11 11 11 11 11 11 11 11 11 11 11 12 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11	rporation submits this statement for the ation's board of directors. I hereby acc	FL 85 Purpose of chang ept the appointme DATE ICERS AND DIREC Chang	ing its registered ange Additionange Additi