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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K02840

(2)

Principal Plac C/O RICHARD 6000 TAYLOR F NAPLES FL 339	B. MELSON RD #1	Mailing Address C/O RICHARD B. MELSON 6000 TAYLOR RD #1 NAPLES FL 34109-1818		3. Date Incorporated or Qualified	3a. Date of Last Report
				11/17/1987	04/24/1996
·	Pace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# etc	Suite, Apt. #, etc.		65-0019252	Not Applicable
22	", "	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
[23] Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 341		29 3		8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Re	gistered Agent
	SON, RICHARD B.		81 Name		
	TAYLOR ROAD, UNIT 1		82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
NAM	LES FL 33942		83	,	
			<u> </u>		
	\wedge		84 City		FL 85 Zip Code
11. Purspant office or ragent La	to the provisions of Sections 647.050 registered agent, or bothy in the Stan am familiar with, and accupting oblig	02 and 607, 1508, Florida Statutes of Florgia, Such change was aut ations of, Section 607,0585, Florid	, the above-named corp thorized by the corporati da Statutes.	oration submits this statement for the rion's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name stregatured ag	ent and title if applicable. (NOTE F	Registered Agent signature require	ed when re-natating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
₹ TL€	DP DOUADD B	☐ DELETE	1.1 TITLE		Change Addition
NAME.	MELSON, RICHARD B. 3409 BEDFORD CT		1.2 NAME		
STEEL ADDRESS Official	NAPLES FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	MELSON, AMY		2.2 NAME		
STREET ADDRESS	3409 BEDFORD CT		2.3 STREET ADDRESS		
CHY-S1-ZIP	NAPLES FL VP	The exe	2.4 CITY-ST-ZIP		D 050000 D (245000
111; F	GOMORY, KRISTOPHER	☐ DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	6000 TAYLOR ROAD #1		32 NAME 33 STREET ADDRESS		
DITY-SI-7P	NAPLES FL		3.4. CITY+ST-ZIP		
T-fl.F	VP	☐ DELETE	4.1 T(TLE		☐ Change ☐ Addition
NAME	MUST, WILLIAM		4. 2 NAME		
STEFF LADORESS	600 TAYLOR RD #1		4.3 STREET ADDRESS		
CITY-ST ZIP	NAPLES FL	T DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Charles C Vacuou
NAME STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY - \$1 - 71P			5.4 CITY-ST-ZIP		
Tillé		DELETE	6.1 TITLE		Change Addition
NAMe			6.2 NAME		
STREET AUDRESS			6.3 STREET ADDRESS		
1	1		 		

SIGNATURE:

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 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. 941-566-3204

FILED

May 05 1997 8:00am

Secretary of State