ſ	PROFIT RPORATION UAL REPORT 1996		Sand Secr DIVISION C	PARTMENT OF STATE re B. Mortham etary of State OF CORPORATIONS			
DOCU 1. Corporatio	MENT #	K20229	(6)				
	ROUP, INC.						
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Principal Place	e of Business		Mailing Address				
	M. NELSON St n ste 10 33940		% WILLIAM M. NELS 2900 14TH ST N STI NAPLES FL 33940				
					3. Date Incorporated or Qualified 04/04/1988	3a. Date of L 05/01	ast Report <b>1/1995</b>
2. Principal Pf 	ace of Business		2a. Mailing Address 26		4. FEI Number 65-0043511		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$I	Not Applicable  B.75 Additional
City & State	9		City & State		Election Campaign Financing		Fee Required
23 Zip	Cou		<b>28</b>	T Country	Trust Fund Contribution		5.00 May Be Added to Fees
24	25		29	Country 30	This corporation has liability for Florida Statutes	intangible tax und : \textbf No	ders 199.032,
	y, Name and Add	iress of Current Re	egistered Agent	81 Name	10. Name and Address of New R	Registered Agen	it
	N, WILLIAM M. ITH ST N STE 10			82 Street Add	lress (P.O. Box Number is Not Acceptab	ye)	
	FL 33940			83	- Total Tota		
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11. Pursuant t	o the provisions of Se	ctions 607 0502 and	LR07 1508 Etarida Statu	84 City		FL 85	
11. Pursuant to or register familiar with	o the provisions of Se ed agent, or both, in t th, and accept the obl	ctions 607.0502 and he State of Florida. S gations of, Section 6	l 607,1508, Florida Statu Buch change was authori 607,0505, Florida Statute	tes, the above named corpo	ration submits this statement for the pur ard of directors. I hereby accept the appo		
SIGNATURE			The state of the s	les, the above named corporated by the corporation's boals.		pose of changing ointment as regis	
SIGNATURE _	Signature, typed or printed nar		ilk Kapplicable (in RECTORS	tes, the above named corpo	ad when reinstating)	PL pose of changing ointment as regis	g its registered office tered agent. I am
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