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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	NNUAL REPORT 1997 Secretary of State Division of Corporation		f State	Secretary of State	
1. Corporation	MENT # K44241 NS & BOWS, INC.	7 (0)		T HECKHI AN OLAH KIRIA HAN RIAH KI	II OLOK OMBIL DIĞUL BUDIL OLOM DIQIL 1881
Principal Prace of Business Mailing Address % JAMES H. SIESKY 700 11TH ST S., SUITE 203 NAPLES FL 33940 Mailing Address % JAMES H. SIESKY 1000 N TAMIAMI TR. STE 20 NAPLES FL 34102-5481 US			3. Date Incorporated or Qualified 3a. Date of Last Report		
				11/08/1988	05/01/1996
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0092440	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	in	City & State		6. Election Campaign Financing	Fee Required
23	1-0	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p 30	Country	This corporation has liability for Florida Statutes	r Intangible tax under s. 199.032,
24	9. Name and Address of Curre		<u>'</u>	10. Name and Address of New R	
SIES	SKY, JAMES H.		81 Name		
700 11TH ST S.			82 Street A	Address (P.O. Box Number is Not Accepta	ıble)
SUITE 203			63		
NAT	PLES FL 33940				
			84 City		FL 85 Zip Code
office or agent 1 a	registered agent, or both, in the Stat am familiar with, and accept the obli- Signature, typed or parties name of opportered a			corporation submits this statement for the location's board of directors. I hereby accuration to the required when renstating)	ept the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	_	Change Addition
NAME 58 (C	ROSADO, BETH A.		1.2 NAME	S walk and	
	5864-14TH AVE, S.W. NAPLES FL		1.3 STREET ADDRESS	5810 14AU68W	
CITY - ST - 71? TITLE	DV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MADARAS, ANN		22 NAME	<u></u>	
STREET ADDRESS			2.3 STREET ADDRESS		
C12 Y - S1 - 712	NAPLES FL		2.4 CITY-ST-ZIP		
TOLE		☐ DELETE	3.1 TOLE		Change Addition
NAME PTOLET ADEQUACE			3.2 NAME		
STREET ADDRESS COTY-ST- 20P		,	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
THE		☐ DELETE	41 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C4Y+S1+7IP		DELETE	4.4 CITY-ST-ZIP		Change Addition
THUE NAME		□ vereir	5.1 TITLE 5.2 NAME		F1 charge F1 variable
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST 24			5.4 CiTY-ST-ZIP		
Tille		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - 7IP	and the trail the information of	and with this filler does not a will a	6.4 CITY-ST-ZIP	totad in Contine 119 07/2Vi) Elevide State	Con I fi when could the the

recovered yearing 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.

FILED

May 12 1997 8:00am