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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K57681

information and cated on this annual report or set I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed or o

SIGNATURE:

(4)

	) ENTERPRISES, INC.					
Principal Place of Business  NATHAN BAER 17221 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931 US		Mailing Address  NATHAN BAER  17221 SAN CARLOS BLVD.  FORT MYERS BEACH FL 33931-53  US				
				<ol> <li>Date Incorporated or Qualifie</li> <li>01/11/1989</li> </ol>	08/06/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		plied For
21		26		65-0101529		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 /	
City & State	e	City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation has liability f	or intangible tax under s Yes No	. 199.032.
24	25   9. Name and Address of Curre	29 34 ent Registered Agent	0	Florida Statules  10. Name and Address of New		
BAER, NATHAN D						
	1 SAN CARLOS BLVD		62 Street A	Address (P.O. Box Number is Not Accep	table)	
FT MYERS BEACH FL 33931						
			83			
	,		84 City		FL   '	Code
11. Pursuant	to the provisions of Sections 697.0	507 and 607.1508, Florida Statutes	, the above-named	corporation submits this statement for the toration's board of directors. I hereby ac	e purpose of changing it	ts registered
agent I a	am familiar with, and accept the obli	hatoris of Section 607.0505, Florid	da Statutes.		oopi mo appointment as	rogiciolos
SIGNATURE	Standard based or prested dated of realismed s	and and tille if applicable (NOTE F	Registered Agent signature	D. BAER - Vresident	1-20-97	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	7S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	BAER, NATHAN D		1,2 NAME			
STREET ADDRESS	2529 SW 12TH PL		1.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL		1,4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	VC	☐ DELETE	2.1 TITLE	VC	🔀 Change	Addition
NAME	BAER, LESTER V		2.2 NAME	BAER, Lester V 5026 SW 20th	DIACE	
STREET ADDRESS	23535 CR 28		2.3 STREET ADDRESS			
CiTY+ST-7IP	GOSHEN IN	DELETE	2. 4 CITY-ST-ZIP	CAPE COTAL, FL	33914 Change	Addition
TITLE NAME	BAER, SUSAN M	occen	3.1 TITLE 3.2 NAME		[] Citarigo	☐ Addition
STREET ADDRESS	2529 SW 12TH PL		3.3 STREET ADDRESS			
CITY-SI-ZIF	CAPE CORAL FL		34 CITY-ST-7IP			
TillE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	Addition
NAME			52 NAME			1
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-7P		T Neverte	5 4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME			6 2 NAME			Į
STREET ADDRESS			6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated on this annual report or supplied empty and 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 of the