SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

K64625

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	E O I ENITIVITION NEOTAO	HART, 110.								
Principal Plac	ce of Business	Mailing Address								
P.O. BOX 5 NOCATEE F		P.O. BOX 568 NOCATEE FL 33864								
						3. Date Incorporated or Qualified 02/09/1989		ite of Last Re 16/1995	port	
·	Place of Business	2a. Mailing Address				4. FEI Number			plied For	"
Suite, Apt.	# oto	26				65-0109205			t Applicable	е
22		Suite, Apt. #, etc. 27			-u	5. Certificate of Status Desired		\$8.75 A Fee Red		
City & Stat	le	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 (Added to		
Zip	Country	Ζιρ	—	intry		8. This corporation has liability for	ir intangible I			7
24	25 9. Name and Address of Curr	29	30	r			x Yes	No		
		eill Registered Agent		81 Name		10. Name and Address of New F	egistered A	gent		
	OLAN JOANNA				NO.	LAN, JOANNA				
	301 CASA DEL RIO			82 Stree	l Addre:	ss (P.O. Box Number is Not Accepta 946 SW DAVID DR	ible)			
F	T. MYERS FL 33919			83		240 BK SAVID BK			· · · · · · · · · · · · · · · · · · ·	-
				84 City			 -	T1		_
					AR	CADIA,	FL	85 Zip C 342	.66	
11. Pursuant office or r agent La	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607,1508, Florida Statuté le of Florida. Such change was a gations of, Section 607,8505, Flo	es, the ab uthorized rida State	ove-named by the corp ites.	corpor poration	ation submits this statement for the i's board of directors. I hereby accept	purpose of ci pt the appoir	hanging its r atment as req	egistered g-stered	
SIGNATURE	Crans	- Jaka			JO	ANNA NOLAN	6-6-96			
12.	Signal of Type there printed name of registered a	ND DIRECTORS		t Agent signatu	e required	when reinstating)	DATE			_
TITLE	DSP	DELETE	13. 11Ti	TLF	1	ADDITIONS/CHANGES TO OFF		DIRECTORS Change	3 IN 12 Addition	CR2E034 (3/96)
NAME	NOLAN, JOANNA	•	12 NA				L		AOOIIIO-I	(3
STREET ADDRESS	8301 CASA DEL RIO		13 ST	REET ADDRESS	129	946 SW DAVID DR				037
CITY-ST-ZIP	FT. MYERS FL		140	TY - ST - Z IP	1	CADIA, FL 34266				12E
TITLE	D	DELETE	2 1 11	LE			×	Change	Addition	ਹ
NAME	PATTON, CYNTHIA		2 2 NA	ME						
STREET ADDRESS	8301 CASA DEL RIO FT. MYERS FL			REET ADDRESS		946 SW DAVID DR				
CITY-ST-ZIP TITLE	FI. MIENO PL	DELETE	2.4 CI 3.1 Ti!	TY - ST - ZIP	ARC	CADIA, FL 34266	_ _			_
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NAME			4 2 N	MF						
STREET ADDRESS			4350	REET ADDRESS						
CITY - ST - ZIP		Delete		Y - ST - 2IP	ļ					
TITLE NAME		DELETE	5 1 TH				L	_ Change _	Addition	
STREET ADDRESS			5 2 NA							
CITY-ST-ZIP				REET ADDRESS						
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NAME			6 2 NA				L_	_ Change _	Addition	
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP				Y - ST - 7IP						
14. I do hereb	by certify that the information supplied	ed with this filma is voluntarity fun			o ralify	for the exemption stated in Section	110.07(0)(0.)	Florida Cuit		

further certify that the information supplied with this ning is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNA NOLAN

6-6-96 (941)494-178

JOANNA NOLAN 6-6-96 (941)494-1782