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 # K69/79

191

| = | S DRIVE | Mailing Address 109 WILDERNESS DRIVE SUITE #215 NAPLES FL 34105-2621 | | | |
|----------------------------|---|--|--|--|--|
| | | | | 3. Date incorporated or Qualified 02/16/1989 | 3a. Date of Last Report 04/18/1996 |
| - 7 | ace of Business | 2a. Mailing Address | | 4. FEI Number 65-0108535 | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | */ | | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State |) | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 | Country | Trust Fund Contribution B. This corporation has liability for i | Added to Fees |
| 24 34105 | -2621 25 | 29 | 30 | Florida Statutes | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| O'LICEN, NOTALD L. | | | B1 Name | | |
| | GOODLETTE ROAD LES FL 33940 | | 82 Street A | Address (P.O. Box Numbor is Not Acceptab | de) |
| TIAL C | EO FL 00070 | | 83 | | Market and the second s |
| | | | 84 City | | Ter Tip Code |
| | | | | | FL 85 Zip Code |
| agent. I ai SIGNATURE | Signature, typed or pine dinance of registered ages | and the Largitizative (NOT) DIRECTORS | orida Statutes. : Registered Agent signature 13. | corporation submits this statement for the p oration's board of directors. I heroby accor required when reinstaling) ADDITIONS/CHANGES TO OFFIC | DATE SERS AND DIRECTORS IN 12 |
| TITLE | PS PETTERNAL DOMAID | ☐ DELET€ | 117016 | | Change Addition |
| NAME STOREY ADORESC | KETTERHAGEN, DONALD 109 WILDERNESS DR #215 | | 1.2 NAM(| | |
| STREET ADDRESS CITY-ST-ZIP | NAPLES FL | | 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP | | |
| TITLE | VP | DELETE | 2.1 11111 | | Change Addition |
| NAME | KETTERHAGEN, KATHERINE | | 2.2 NAME | | |
| STREET ADDRESS | 109 WILDERNESS DR #215 NAPLES FL | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | NAPLES FL | ☐ DELETÉ | 2 4 CHY- \$1-7IP 3.1 THLE | | Change Addition |
| NAME | | FT Section | 3.2 NAME | | L Ollarigo L Moorigan |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CITY+ \$1 - 2(P | | |
| THLE | | DELETE. | 4 1 1111.E | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | | • | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4.CITY-ST-7IP | | |
| TITLE | | LJ DECETE | 6.1 TITLE | | Change Addition |
| NAME CTREET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 6.3 STREET ADDRESS | | |
| 14. I do hereb | y certify that the information supplied | with this filing does not qualif | ■ 6.4 CITY+S1+7IP y for the exemption sta | ated in Section 119.07(3)(i), Florida Statules | s. I further certify that the |
| information I am an of | n Indicated on this annual report or su | pplemental annual report is tr he receiver or trustee empow | ue and accurate and ered to execute this re | that my signature shall have the same legal eport as required by Chapter 607, Florida S | Leffect as if made under eath: that |

FILED

Apr 18 1997 8:00am

Secretary of State

941-263.0635