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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

(3)

Principal Place of Business Mailing Address 1671 ST. CLAIR AVENUE 1671 ST. CLAIR AVENUE									
NORTH FORT	MYERS FL 33903		YERS FL 33903-46	46					
						3. Date Incorporated or Qualified 03/08/1989		ate of Last R 29/1996	eport
	Place of Business	2a. Mailing Add	a. Mailing Address			4. FEI Number	Applied For		
21		26				65-0107119	<u>.</u> ,		ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Bo
23		28		·		Trust Fund Contribution			to Fees
Zip	Country	Zip	F-~ n	ountry	/	8. This corporation has liability for i			. 199.032
24	25	29	30				Yes [
	9. Name and Address of Cur	rent Registered Agent		-	J Massa	10. Name and Address of New Re	gistered A	Agent	
	rkins, roger D.			81	Namo				
	1 ST. CLAIR AVENUE RTH FORT MYERS FL 33903					ess (P.O. Box Number is Not Acceptable)			
NUF	THE FURT WILLIAM FL 30800			83					
				_				Tabl 2:	Onda
				B4	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable AND DIRECTORS	(NOTC Registe	_	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIRECTOR	RS IN 12
TITLE	PSTD		ELETE 1.3	HILE	····			Change	Addition
NAME	WATKINS, ROGER D.		1.2	NAME	Ì				
STREET ADDRESS	1871 ST. CLAIR AVE.		1.3	STREE	1 ADDRESS				
CITY-ST-ZIP	NO. FT. MYERS FL				S1-2IP				
TITLE		٥١		TITLE	į			Change	Addition Addition
NAME				NAME					
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CITY-ST-ZIP TITLE				TILE	\$1 - ZIP			Change	Additio
NAME			3.2	NAME	}				
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CITY-ST-ZIP					ST-ZIP				
TITLE		[] []	•	TITLE	ļ			Change	Addition
NAME				NAME					
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CITY-ST-ZIP TITLE	<u> </u>			DHY :	ST-ZIP			Change	☐ Addition
NAME				NAME	Ī				
STREET ADDRESS			•		T ADDRESS				
CITY-ST-ZIP					S1-2(P				
TITLE			ELETE 6.1	TOLE				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			63	\$1REE	1 ADDRESS				
DOTE OF SER	i			Annu .	et 210				

14. I do hereby certify that the information supplied with this filing does not quality 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 attantment with an address.

FILED

May 12 1997 8:00am

Secretary of State