SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

	PROFIT /						
			FLORIDA DEPA				
GORPORATION ANNUAL REPORT Secretary of State						٠	FILED
	1997		Secrete DIVISION OF	,		ONS	
		<u> </u>	/ 4\	,			97 SEP 10 PM 12: 48
1. Corporation	MENT # LO88	369	(4)				SECRETARY OF STATE
MR. PEI	RC, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA
							I KERHON DIN BANKI PARA JOHA BINA BINA KAN BIRAT PARA BIRAT BIRAT BIRAT BIRAT BIRAT BIRAT BIRAT BIRAT BIRAT BIR
Principal Place		Mailing a					
158 GULFVIEW PUNTA GORDA			.FVIEW ROAD Gorda fl 33950)			
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 3s. Date of Last Report 08/14/1989 04/29/1996
2. Principal P	lace of Business	2a. Maili	ng Address				4. FEI Number Applied For
21		26					65-0140092 Not Appl cable
Suite, Apt.	#, etc.	h	, Apl. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State	Ð	27 City -	& State				6, Election Campaign Financing \$5.00 May Be
23		28	·			···	Trust Fund Contribution
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of	[29] Current Registered	Agent	30			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
STE	UART, I.K.				81	Name	
158	GULFVIEW ROAD			ŀ	82	Street Ad	Address (P.O. Box Number is Not Acceptable)
PUN	ITA GORDA FL 33950				83		
					63		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections (07.0502 and 607.150	08, Florida Statu	tes, the al	OOVE	e-named co	corporation submits this statement for the purpose of changing its registered
office of fi agent. I as	egistered agent, or both, in th m f <mark>ami</mark> liar with, and accept th	e State of Honda, Su e obligations of, Sect	ion 607.0505, F	authorized lorida Stat	a by ules	r the corpor S.	conation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of regr	the state of the state of anything	chile (MC)	U. Conistone		al a sealuid sea	required when reinstalling) DATE
12.		RS AND DIRECTORS		13.	- Age	in signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST		☐ DELFTE	1,1 1/1	LE		Change Addition
NAME	STEUART, I.K. 158 GULFVIEW ROAD			1,2 NA			0000022920300
STREET ADDRESS CITY-ST-ZIP	PUNTA GORDA FL			1.3 SI 1.4 CI		ADDRESS	0000022920300 -03/12/9701101018
TITLE	D		DELETE	21 1)1		1-21-	****165.00 ***********************************
NAME	STEUART, I.K.			2.2 N/	ME		
STREET ADDRESS	158 GULFVIEW ROAD			1		address	
CITY-ST-ZIP	PUNTA GORDA FL		DELETE	2 4 CI 3.1 TIT		ST-ZIP	☐ Change ☐ Addition
NAME			Place II	3.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			- Briese	3.4. CI		ST - ZIP	
TITLE NAME •			DELETE	4.1 TIT 4. 2 N/		}	Change Addition
STREST ADDRESS						ADDRESS	
CITY-ST-ZIP				4.4 Ci1		1	
TITLE			DEFELE	5.1 7(7			☐ Change ☐ Addition
NAME PROFES ADDRESS				5.2 NA		ADDRECE	
STREET ADDRESS CITY-ST-ZIP				5.3 ST		ADDRESS 1-7/P	
TITLE			DELETE	61 111			☐ Change ☐ Addition
NAME				6 2 NA	ME		(LÅ)
STREET ADDRESS						ADDRESS	/(00/
14. I do herek	by certify that the information :	supplied with this filin	g does not qual	6.4 CIT ify for the			ated in Section 119.07(3)(i), Florida Statutes. I further cortify that the
informatio	n indicated on this annual rep fficer or director of the corpor	ort or supplemental a	annual report is or trustee empo	true and a	ccu xec	irale and th ute this ren	ated in section 119.07(3)(), Florida Statules, Infiltrier butting that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statules; and that my name
appears in	n Block 12 or Block 13 if char	ged, or on an attachi	ment with an ad	dress.		71	
	1/17		1.44 1 1.				

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