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



| COF ANN | PROFIT RPORATION JAL REPORT 1997 | Sandra E Secreta | RTMENT OF STATE I. Mortham ry of State CORPORATIONS | | |
|---|--|--|--|--|--|
| | | Mailing Address 1247 NAVIGATOR ROAD | | | |
| PORT CHARLO | | PORT CHARLOTTE FL 339 | 83-6329 | 3. Date Incorporated or Qualified 08/14/1989 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | · | 26 | | 65-0157049 | Not Applicat |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | 6 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees |
| 24 | 25 | 29 | 30 | Florida Statutes | Yes 🔀 No |
| 100 | 9. Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| | EY, GREGG W. 7 NAVIGATOR ROAD | | | | |
| | IT CHARLOTTE FL 33983 | | 82 Street Add | dress (P.O. Box Number is Not Acceptat | ole) |
| FUI | II OHKUIDOHE E E GOOGO | | | | |
| FUI | II OIMILOTIL TE 00000 | | B3 | | |
| | | 00 007 1/700 [] 1 00 1 | 84 City | | FL 85 Zip Code |
| 11. Pursuant office or r agent. I a SIGNATURE | to the provisions of Soctions 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered no | gent and title 4 applicable. (NO) | es, the above-named cor authorized by the corpora orida Statules. | | PL burpose of changing its register of the appointment as registered |
| 11. Pursuant office or ragent. I a SIGNATURE | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered as OFFICERS AN | gent and title 4 applicable. (NOT NO DIRECTORS | es, the above-named cor authorized by the corpora orida Statules. E. Registered Agent signature requ. | | DATE DATE |
| 11. Pursuant office or r agent. I a SIGNATURE | to the provisions of Soctions 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered no | gent and title 4 applicable. (NO) | es, the above-named cor authorized by the corpora orida Statules. | uired when reinstating) | DATE DATE DATE DATE DATE DATE DERS AND DIRECTORS IN 12 |
| 11. Pursuant office or ragent. I a SIGNATURE | to the provisions of Soctions 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typod or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD | gent and title 4 applicable. (NOT NO DIRECTORS | es, the above-named cor authorized by the corpora orida Statules. E. Brigistered Agent signature requ. 13. 1.1 TITLE | uired when reinstating) | DATE DATE DATE DATE DATE DATE DERS AND DIRECTORS IN 12 |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.050 registered agent, or both, in the Statum familiar with, and accept the oblig Signature typod or printed name of registered as OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL | gert and title 4 applicable. (NOT ND DIRECTORS DELETE | es, the above-named con authorized by the corpora oricla Statules. E: Registered Agent signature requals. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | uired when reinstating) | DATE DATE DATE Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.050 registered agent, or both, in the Statum familiar with, and accept the oblig Signature typod or printed name of registered agent Cosey, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL | gent and title 4 applicable. (NOT NO DIRECTORS | es, the above-named consultable of the corporal statules. E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | uired when reinstating) | DATE DATE DATE Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | to the provisions of Sections 607.050 registered agent, or both, in the Statum familiar with, and accept the oblig Signature typod or printed name of registered as OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL | gert and title 4 applicable. (NOT ND DIRECTORS DELETE | es, the above-named consultationized by the corporal statutes. E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME | uired when reinstating) | DATE DATE Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS | to the provisions of Sections 607.050 registered agent, or both, in the Statum familiar with, and accept the oblig Signature typed or printed name of registered agent PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. | gert and title 4 applicable. (NOT ND DIRECTORS DELETE | es, the above-named consultable of the corporal statules. E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | uired when reinstating) | DATE DATE Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered agent of the PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD | gert and title 4 applicable. (NOT ND DIRECTORS DELETE | es, the above-named cor authorized by the corpora oricla Statutes. E: Registered Agent signature requ. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered as OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE | upert and toto if applicable. (NOT ND DIRECTORS DELETE | es, the above-named cor authorized by the corpora ficial Statutes. E. Registered Agent signature required as a statute of the corpora ficial Statutes. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | uired when reinstating) | DATE CHANGE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | upert and toto if applicable. (NOT ND DIRECTORS DELETE | es, the above-named cor authorized by the corpora oricla Statules. E: Registered Agent signature required as a statule and a signature required as a statule and a statule are a statule as a street address and a street address as a street address | uired when reinstating) | DATE CHANGE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered as OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE | upert and toto if applicable. (NOT ND DIRECTORS DELETE | es, the above-named cor authorized by the corpora ficial Statutes. E. Registered Agent signature required as a statute of the corpora ficial Statutes. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | JOEN EINE MAIN (NOT NOT DELETE) DELETE DELETE | es, the above-named cor authorized by the corpora oricle Statutes. E: Registered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | JOEN EINE MAIN (NOT NOT DELETE) DELETE DELETE | es, the above-named cor authorized by the corpora oricla Statules. E: Bigistered Agent signature required as a statules. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | DELETE DELETE DELETE | es, the above-named cor authorized by the corpora ricks Statules. E. Birgistered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | JOEN EINE MAIN (NOT NOT DELETE) DELETE DELETE | es, the above-named cor authorized by the corpora ficial Statules. E. Brigistered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | DELETE DELETE DELETE | es, the above-named cor authorized by the corpora ricks Statules. E. Birgistered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | DELETE DELETE DELETE | es, the above-named cor authorized by the corpora oricla Statules. E. Brigistered Agent signature required a statules. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | uired when reinstating) | DATE DATE CHANGE AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | DELETE DELETE DELETE | es, the above-named cor authorized by the corpora ficial Statules. E: Bingistered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | uired when reinstating) | DATE Change Add Change Add |
| 11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig Signature typed or printed name of registered ag OFFICERS AN PD LOSEY, SHIRLEY K. 1247-G NAVIGATOR RD PORT CHARLOTTE FL VD LOSEY, GREGG W. 1247-G NAVIGATOR RD PORT CHARLOTTE FL SD LOSEY, BETTY JEANNE 1247-J NAVIGATOR RD | DELETE DELETE DELETE | es, the above-named cor authorized by the corpora ficial Statules. E. Birgistered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | uired when reinstating) | DATE DATE CHANGE Add |

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual propert or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the portoration 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 15 it changed, or or an attachment with an address.