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 # L17630

DODICON WILL CON CONCEDITCTION INC

(9)

Principal Place of Business Mailing Address 550 PARK SHORE DRIVE 550 PARK SHORE DRIVE					
NAPLES FL 339		NAPLES FL 34103-3537		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		09/22/1989 4. FEI Number	05/01/1996 Applied For
	Taniam Tr N		erb, It Box		Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.			** ** J. * 1 52. 33		\$8.75 Additional
22 SN4300 27 #348			5. Certificate of Status Desired	Fee Required	
City & State		City & State	G1	6. Election Campaign Financing	\$5.00 May Be
23 100	Country	28 Naples	Country	Trust Fund Contribution	Added to Fees
Zip (-1)	3410325	29 34108 3	, ·	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ ☐ Yes ☐ No
24	9. Name and Address of Currer		····	10. Name and Address of New Re	
ROB	ISON, STEPHEN V.		81 Name		
SEO DADY CHORE DONE				Ideaca (D.O. Day Number in Not Assertat	112)
NAPLES FL 33940			Street Address (P.O. Box Number is Not Acceptable) 853 Vander by It Beach Rd		
,			83 🤇 .	te 348	
			84 Cjty	1 346	85 Zip Code
			- Da	عمام	FL Sucos
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was aul	thorized by the corpor	phoration submits this statement for the pration's board of directors. Thereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ĺ
	Signature, typod or printed name of registered ago		Hegistered Agent's greature re-		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TALE	PD	∐ DELETE	1.1 TIPLE		☐ Change ☐ Addition
NAME	ROBISON, STEPHEN V. 550 PARK SHORE DRIVE		12 NAME	53 Vanderbilt Been	L Rd #3U8
STREET ADDRESS	NAPLES FL				
CITY-ST-ZIP TITLE	VO	DELETE	1.4 CITY - ST - ZIP 1 2.1 TITLE	Japes Playic	Change Addition
NAME	WILSON, JOHN E.		2.2 NAME		
STREET ADDRESS	550 PARK SHORE DR		2.3 STREET ADDRESS	353 Vanderbilt Be	ach Rd #348
CITY-ST-ZIP	NAPLES FL			Naples Pl 31/1	
TITLE	STD	☐ DELETE	31 TITLE		Change Addition
NAME	ROBISON, LOLA G.		3.2 NAME	353 Vanderbilt	Reach R. J. Hara
STREET ADDRESS	550 PARK SHORE DR		5'9 STREET WINDLESS -	-	
CITY-ST-ZIP	NAPLES FL			Vaples P1 344	
TITLE		L DELETE	4.1 TILE	•	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 0/1Y-SI-ZIP 5.1 TITLE		Change Addition
NAME		Par perties	5.2 NAME		Crise-go Reconton
STREET ADDRESS	* .		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 711LF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$T - ZIP		
14. do herei	by certify that the information supplies on indicated on this annual report or s	d with this filing does not qualify supplemental annual report is true	for the exemption state and the	led in Section 119.07(3)(i), Florida Statute	s. I further certify that the

am an officer or direction this annual report of supplemental annual report is free and accurate and many signature shall have the same legal effect as it made under or 1 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 attachment with an address.

5101 Water (1) (1)

FILED

Apr 28 1997 8:00am

Secretary of State