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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1998 8:00am
Secretary of State

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P.O. BOX 061	—		P.O. BOX 0						_
FT MYERS FL 33906		FT MYERS	FT MYERS FL 33906			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	1	
2. Principal P	lace of Busines	s	2a. Mailing /	Address			12/04/1989 4. FEI Number		Applied For
21			26				65-0164990	<u> </u>	Not Applicat
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ \$8	\$8.75 Additional
2								Fee Required	
City & Stat	6		City & Si	tate			6. Election Campaign Financing		5.00 May Be
Zip		Country	28 Zip		Country		Trust Fund Contribution		dded to Fees
.4]	25	n '	29		30		 This corporation owes or has personal Property Tax due Jur 		
<u></u>		4	rrent Registered Age	ent	1301		10. Name and Address of New F		
DW	YER, ROBER	T			81	Name			
	D OF E 2ND				62	Street Add	iress (P.O. Box Number is Not Accept	able)	
	HIGH ACRES				[57]	50 001 A00			
					83				
					84	City		85	Zip Code
						•		- FL	•
	egistered agen m familiar with,	s or Sections 607. t, or both, in the S and accept the of	0502 and 607,1508, tate of Florida, Such obligations of, Section	Florida Statu change was 607.0505, F	utes, the above authorized by Florida Statutes	the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointme	ent as registered
SIGNATURE	Stonature, typed or p	winted name of regislates	d agent and title if applicable AND DIRECTORS	{NC	OTE: Registered Ager		poration submits this statement for the ation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE	Stgnahire, typed or p	Ninted name of registere OFFICERS	d agent and title if applicable AND DIRECTORS		TE Registered Aper 13. 1.1 TITLE		pired when reinstating)	DATE	CTORS IN 12
SIGNATURE 12. THE	D DWYER, R	OFFICERS	of egent and title if applicable AND DIRECTORS	{NC	13. 1.1 TITLE 1.2 NAME	nt pignatura requ	pired when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	D DWYER, R 12170 KEL	OFFICERS OBERT LY GREENS BL	of egent and title if applicable AND DIRECTORS	{NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	pired when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
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14. Inereby certify that the information earlying 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 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 comporation 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 or an attachment with an address.

SIGNATURE:

CH2EG34 (10/97)