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



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PROFIT CORPORATION ANNUAL REPORT 1997		FLO	ORIDA DEPA Sandra Secret	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS	Apr 21 1997 8:00an Secretary of State		
ADMIRA	MENT # L4034 LTY BUILDING CORPOR De of Business	RATION	(4)				
2065 TRADE C NAPLES FL 33 US	ENTER WAY	Mailing Adi 717 GALLEO NAPLES FL US	N DRIVE				
					3. Date Incorporated or Qual 01/02/1990		ate of Last Report 29/1996
	Place of Business	2a. Mailing		2	4. FEI Number		Applied Fo
1 5 20 Suite, Apt.	1 DAVIS BUVO .#, etc.	26 5 Z Suite, A	pt. #, etc.	NIS BLVD	65-0164853		Not Applic \$8.75 Addition
2		27			5. Certificate of Status Desire	ed 🔲	Fee Required
City & Stal	ris rc		MALS	Fi	6. Election Campaign Finance Trust Fund Contribution	ing	\$5.00 May Be Added to Fees
^{Zip} 34	Country 25 US 7 9. Name and Address of C		104	Country USA	This corporation has liabili Florida Statutes Name and Address of No.	Yes	No
11. Pursuant office or agent. I a	registered agent, or both, in the am familiar with, and accept the i	State of Florida, Such obligations of, Section	change was 607.0505, F	authorized by the corpor lorida Statules.	rporation submits this statement fo alion's board of directors. I hereby	FL r the purpose o accept the app	Changing its registr
12.	Signature, typed or printed name of register OFFICERS	red agent and title if applicable S AND DIRECTORS	: (NC	TE Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	D DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE	Nobiliono/orivinato 10	OI TIOCHO AIVE	☐ Change ☐ Ad
NAME	GORMAN, JAMES HAVELO	OCK		1.2 NAME			
STREET ADDRESS	717 GALLEON DR NAPLES FL			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	IN LLO I L		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Ad
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NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
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STREET ADDRESS	<u> </u>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>			6.4 CITY-ST-ZIP			
14 Ldo horo	the partite that the information cut	nation with this bline c	dup tog pook	lify for the exemption state	od in Coolion 110 07/91/il Elorida C	tatutae i furtha	r parlify that the

I do nereby certify that the information supplied with this thing does not qualify 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 proport 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 toopiver or trust to 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 for a full supply with an address.