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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Residual Control of Business  28. Work Denive #6 246 SW 43 ST CAPE CORAL FL 33914 CAPE CORAL FL 33914-5952 US  2. Principal Place of Business  2. A Mailing Address  2. A Mailing Address  2. Principal Place of Business  2. A Mailing Address  2. A Mailing Address  3. Date Incorporated or Qualified O2/05/1990  4. FEI Number 65-0185748  No Ref-0-185748  5. Cerlificate of Status Desired Status Corriging Incorporation O2/05/05/1990  22	Mailing Address  C/O RICHARD V.S. ROOSA 246 SW 43RD ST CAPE CORAL FL 33914-5952 US  3. Date Incorporated or Qualified OS,01/1936  4. FEI Number OS-0185748  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Country Siale  29 30 Florida Statutes  Country Typ Country  Styp Country B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  Country Typ Country B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  DV-S.  Street Address of Current Registered Agent  10, Name and Address of New Registered Agent  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3  B4 City FL 85 Zip Code  Country the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered and, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered name, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered name, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered name, or both, in the State of Florida. Statutes of Statutes.  Control of Registered Agent of the Registered Agent signature required when remaining)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	DEMKO VENDING, INC.  Principal Place of Business  Mailing Address  2853 WORK DRIVE #8  246 SW 43 ST  CAPE CORAL FL 33914-3652 US  3. Date Incorporated or Qualified  02/05/1990  3. Date of Last Report  05/01/1996  3. Date of Cast Report  05/0	DEMKO VENDING, INC.  Principal Place of Business  Making Address 265 W 407 ST 265 W 437 ST 276 CORCHARD V.S. ROOSA 286 SW 437 ST 287 CAPE CORAL FL 33914  28. Mailing Address  29. Suite, Apr. #, etc.  Suite, Apr. #, etc.	DEMKO VENDING, INC.  Principal Place of Business 2853 WORK DRIVE #8 285 W 43 ST 285 SW 45		1997
Maling Address  Maling Address  Maling Address  RORAL FL 33914  Sulfactor CAPE CORAL FL 33914  2. Principal Place of Business  2. A Mailing Address  2. A Mailing Address  3. Date Incorporated or Qualified O2/05/1990  4. FEI Number 65-0185748  No Rot-Taylor Florida O5-185748  5. Certificate of Status Desired Status Desired Status Desired Action Compaign Financing Trust Fund Contribution Added to Address of Current Registered Agent  ROOSA, RICHARD V.S.  1714 CAPE CORAL PARKWAY CAPE CORAL	Mailing Address C/O RICHARD V.S. ROOSA 246 SW 43R0 ST CAPE CORAL FL 33914-3952 US  3. Date Incorporated or Qualified 02/05/1990 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0185748 Suite, Apt. #, etc 26 Suite, Apt. #, etc 27  5. Certificate of Status Desired City & State 28 Country 71p Country 8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes of Current Registered Agent D V.S. 10. Name and Address of New Registered Agent D V.S. 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 Street Required when reinstern) 14 City 15 City 16 City 16 City 17 Country 18 Street Address (P.O. Box Number is Not Acceptable) 18 Signature of Changing its registered Agent D V.S. 18 City 19 Code 10 Name and Address of New Registered Agent D V.S. 19 City 10 Name and Address of New Registered Agent D V.S. 10 Name and Address of New Registered Agent D V.S. 10 Name and Address of New Registered Agent D V.S. 10 Name and Address of New Registered Agent D V.S. 10 Name and Address of New Registered Agent D V.S. 10 Name and Address of New Registered Agent D V.S. 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 Name 14 City 15 City 16 City 17 City 18 Signature required when reinstering) 18 DATE 18 OFFICERS AND DIRECTORS  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	### Address   Mailing Address   Mailing Address   Age SW 439 ST   Age SW 439 S	Principal Place of Business 246 SW 43 ST	Mailing Address   Mailing Ad	1. Corporation	n Name
US  3. Date Incorporated or Qualified (02/05/1990)  3. Date Incorporated or Qualified (02/05/1990)  3. Date Incorporated or Qualified (05/01/1996)  4. FEI Number (05-01/1996)  5. Certificate of Status Desired (05-01/1996)  5. Certificate of Status De	3. Date Incorporated or Qualified 02/05/1990 05/01/1998  22. Mailing Address 4. FEI Number 65-0185748 Applied For Not Applied For Not Applied For Not Applied For Not Applied Fee Required  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required  City & State 6. Election Campaign Financing 7 Trust Fund Contribution Added to Fees Required  Country 7 Trust Fund Contribution Address of Not Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and 10. Name and Address of New Registered Agent 10. Name and 10. Nam	US  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2c. Principal Place of Business  2d. Mailing Address  4. FEI Number 65-0185748  5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Require	US  3. Date Incorporated or Qualified O2/05/1990  2. Principal Place of Business  2. Applied For O2/05/1990  2. Applied For O5/01/1998  3. Date Incorporated or Qualified O2/05/1990  3. Date Incorporated or Qualified O2/05/1990  3. Date Incorporated or Qualified O2/05/1998  4. Fill Number O5/01/1998  5. Certificate of Status Desired Service O5/01/1998  5. Certificate of Status Desired O5/1999  5. Certificate of Status De	US  3. Date Incorporated or Qualified QQ/05/1990 Q5/01/1998  2. Principal Place of Business	2853 WORK DR 246 SW 43 ST	RIVE #8
22   Suite, Apt. #, etc.   Scrifficate of Status Desired   \$8.75 A Fee Re City & State   City & State   Status Desired   See Re City & State   State   Status Desired   See Re City & State   State   Status Desired   See Re City & State   State	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  For et Address of Current Registered Agent  D.V.S.  ALL PARKWAY  33910  B4 City  FL 85 Zip Code  Country  B5 Zip Code  B4 City  FL 85 Zip Code  Country  B5 Zip Code  Code  Country  B6 Zip Code  Country  B7 Name  B8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Country  Country  B1 Name  B2 Street Address of New Registered Agent  City  FL 85 Zip Code  Control the purpose of changing its registered and composation submits this statement for the purpose of changing its registered and country and accept the obligations of, Section 607.0505, Florida Statutes.  Country  Country  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  Country  City  C	21 26 65-0185748 Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Zip	27   Suite, Apr. #, etc.   Suite, Apr. #, et	22] 26 Suite, Apt. #, etc.		
27 Criy & State Cr	27   5. Certificate of Status Desired   Fee Required	27   Crit & State	22   27   27   28 State   City & State   Country   State   Country   State   Country   State   Country   State   State   Country   State   S	City & State  Ci	·	Place of Business
City & State	Country Zip Country Zip Country Solution Country Zip Country Solution Country Zip Country Solution Country Zip Country Solution S	City & State  City & State  28  City & State  28  Country  S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Per Name and Address of Current Registered Agent  ROOSA, RICHARD V.S.  1714 CAPE CORAL PARKWAY  CAPE CORAL FL 33910  City & State  Country  CAPE CORAL FL 33910  City & State  Country  Country  Country  Country  Street Address of New Registered Agent  City  Country  Street Address of New Registered Agent  City  FL  City  C	City & State  Country  Country  City Country  Street Address of New Registered Agent  City FL  City F	Criy & State    Criy & State   Criy & State   Criy & State   Country   Zip   Z		#, etc.
Zip	Country Zip Country 30 Street Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name	Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032.  24 25 29 30 Fiorida Statutes Yes No  9. Name and Address of Current Registered Agent  ROOSA, RICHARD V.S.  1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Fiorida Statutes Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or provision and composition of Piccar and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Zip   Country   Zip   Country   Zip   Country   St. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   Yes   No	Zip Country Zip Country Sip	City & State	E
ROOSA, RICHARD V.S. 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  B2 Street Address (P.O. Box Number is Not Acceptable)  B3   B4 City   FL   B5   Zip C   B5   Difference or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signiferent types for printed name of registered agent and till of applicable   (NOTE Registered Agent signature required when reinstating)   DATE   DELETE   1.1 TITLE   Change   NAME   DEMKOW, WILLIAM P. STREET ADDRESS   1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   DECEMBER   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   DECEMBER   1.4 CITY-ST-ZIP   1.4	B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 B4 City  FL 85 Zip Code  B4 City  FL 85 Zip Code  B5 Directions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ent, and accept the obligations of, Section 607.0505, Florida Statutes.    Presided name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating)    DATE   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ROOSA, RICHARD V.S.  1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	ROOSA, RICHARD V.S. 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  82 Street Address (P.O. Box Number is Not Acceptable)  83	ROOSA, RICHARD V.S. 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  81	Zip	25
1714 CAPE CORAL FL 33910  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or printed result of legistered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  In Title  DEMKOW, WILLIAM P.  12. NAME  SIRIEL ADDRESS  CITY-ST-ZIP  CAPE CORAL FL  13. STREET ADDRESS  CAPE CORAL FL  14. CITY-ST-ZIP	AL PARKWAY . 33910  B2 Street Address (P.O. Box Number is Not Acceptable)  B3  B4 City  FL 85 Zip Code  Date of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered that obligations of, Section 607.0505, Florida Statutes.  Presided name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  82 Street Address (P.O. Box Number is Not Acceptable)  83	17.14 CAPE CORAL PARKWAY CAPE CORAL FL 33910  82 Street Address (P.O. Box Number is Not Acceptable)  83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or product name of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTEL D DELETE 1.1 TITLE Change Addition  DEMKOW, WILLIAM P.  SIRIET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS	1714 CAPE CORAL PARKWAY CAPE CORAL FL 33910  82 Street Address (P.O. Box Number is Not Acceptable)  83	POO	##
CAPE CORAL FL 33910  B3  City  FL  85  Zip Coral for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Typed or protect registered agent and tile if applicable.  NAME  NAME  DEMKOW, WILLIAM P.  12. DEMKOW, WILLIAM P.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  DEMKOW, WILLIAM P.  12. AMME  STREET ADDRESS  CITY-ST-ZIP  CAPE CORAL FL 33910  B4 City  FL  85  Zip C  City  FL  85  Zip C  Registered Agent signature required when reinstating)  DATE  Change  Change  Change  1.3 STREET ADDRESS  CITY-ST-ZIP  CAPE CORAL FL  1.4 CITY-ST-ZIP	B3  City  FL  85  Zip Code  Ans. of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607.0505, Florida Statutes.  (NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CAPE CORAL FL 33910  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or product some of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CAPE CORAL FL 33910  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Typed or protect registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DEMKOW, WILLIAM P.  1.1 TITLE  DEMKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS	CAPE CORAL FL 33910  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or prested agent and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTEL  DEMKOW, WILLIAM P.  SIRIELADDRESS  13. STREET ADDRESS  14. STREET ADDRESS		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signar are typed or presided name of registered agent and their applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEE  NAME  STREET ADDRESS  CHY-ST-ZIP  CAPE CORAL FL  11. STREET ADDRESS  CAPE CORAL FL  12. City ST-ZIP	B4 City FL 85 Zip Code ons of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607,0505, Florida Statutes.  **Product name of registered agent and the if applicable**  (NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or product some of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signer reclycted or predict name of registered agent and their applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DENKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  246 SW 43 ST  1.3 STREET ADDRESS	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or product required agent and their applicable.  NATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  DEMKOW, WILLIAM P.  1.2 NAME  SIRIET ADDRESS  1.3 STREET ADDRESS		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature types or product results of registered agent and tile if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IITLE  DEMKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  CHY-ST-ZIP  CAPE CORAL FL  1.4 CITY-ST-ZIP	ons of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607.0505, Florida Statutes.  Consider the control of the purpose of changing its registered in the statement for the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607.0505, Florida Statutes.  Consider the control of the purpose of changing its registered accept the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607.0505, Florida Statutes.  Consider the control of the purpose of changing its registered ent. I hereby accept the appointment as registered ent. I	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or provided name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or presided registered agent and tile if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1.1 TITLE  DEMKOW, WILLIAM P.  246 SW 43 ST  1.3 STREET ADDRESS  1.3 STREET ADDRESS	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or product name of registered agent and tile if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  INTILE  DELETE  1.1 TITLE  DEMKOW, WILLIAM P.  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature lysed or protect name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IIILE  DEMKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  CAPE CORAL FL  1.4 CITY-ST-ZIP	ons of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered ent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and accept the obligations of, Section 607.0505, Florida Statutes.  In product required agent and tile if applicable (NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or provided name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type-directors in the purpose of changing its registered agent and the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type-directors in the purpose of changing its registered agent and the familiar with, and accept the appointment as registered agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DEMKOW, WILLIAM P.  1.2 NAME  246 SW 43 ST  1.3 STREET ADDRESS	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or product required agent and till if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTEL  DEMKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS		
Signet the types or product name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  DEMKOW, WILLIAM P.  1.2 NAME  1.3 STREET ADDRESS  CHY-ST-ZIP  CAPE CORAL FL  1.4 CITY-ST-ZIP	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Signar in Types or product required agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1.1 TITLE  DEMKOW, WILLIAM P.  STREET ADDRESS  246 SW 43 ST	Signation Types of product discontinuous of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIFLE  D  DEMKOW, WILLIAM P.  1.2 NAME  STREET ADDRESS  246 SW 43 ST  1.3 STREET ADDRESS	11. Pursuant office or r	to the provisions of Sec registered agent, or both
DELETE			DELETE 1.1 TITLE Change Addition  NAME DEMKOW, WILLIAM P. 1.2 NAME  STREET ADDRESS 246 SW 43 ST 1.3 STREET ADDRESS  CAPT CODAL FOR	DIFFE         DELETE         1.1 TIFE         Charge         Addition           NAME         DEMKOW, WILLIAM P.         1.2 NAME           STREET ADDRESS         246 SW 43 ST         1.3 STREET ADDRESS		or carries with the dec
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THE Change	IAL FL 1.4 CITY-ST-ZIP	DAG OW AD OT	DITESTAL OVER OVER 15	CITY-ST-ZIP CAPE CORAL FL	SIGNATURE  12.  TITLE  NAME	Signe we typed or printed read C D DEMKOW, WILLIAM
There is a state of the state o		STREET ADDRESS 246 SW 43 ST 1.3 STREET ADDRESS 1.3 STREET ADDRESS	Lagrange Company Compa		SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signer Polity System product name of D DEMKOW, WILLIAM 246 SW 43 ST
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STREET ADDRESS   STRE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.2 NAME  Change Addition Addition Change Addition	1,3 STREET ADDRESS   CAPE CORAL FL	NAME	DELETE   DELETE   2.1 TITLE   Change   Addition	SIGNATURE  12.  DIFLE  NAME  STREET ADDRESS  CHY-ST-ZIP  THLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  NAME	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
STREET ADDRESS   STRE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.2 NAME	STREET ADDRESS   246 SW 43 ST	STREET ADDRESS   2.3 STREET ADDRESS   CHY-ST-ZIP   Change   Addition	DELETE   DELETE   2.1 ITILE   Change   Addition	SIGNATURE  12.  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
CHY-ST-ZIP     3.4. CiTY-ST-ZIP     Change   C	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 Addition 6.5 NAME 6.5 STREET ADDRESS 6.5 STREET ADDRESS	13 STREET ADDRESS   246 SW 43 ST	STREEL ADDRESS   2.2 NAME   2.3 STREEL ADDRESS   CHY - SH - ZP	DELETE   DELETE   2.1 TITLE   Change   Addition     NAME     2.2 NAME     STREET ADDRESS     2.3 STREET ADDRESS     CHY-ST-ZIP     Change   Addition     NAME     DELETE   3.1 TITLE   Change   Addition     NAME   STREET ADDRESS   3.3 STREET ADDRESS     CHY-ST-ZIP   3.4 CHY-ST-ZIP     TITLE   Change   Addition     NAME   Add	SIGNATURE  12.  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
CHY-ST-ZIP     3.4. CiTY-ST-ZIP     Change   C	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 Addition 6.5 NAME 6.5 STREET ADDRESS 6.5 STREET ADDRESS	13 STREET ADDRESS   246 SW 43 ST	STREEL ADDRESS   2.2 NAME   2.3 STREEL ADDRESS   CHY - SH - ZP	DELETE   DELETE   2.1 TITLE   Change   Addition     NAME     2.2 NAME     STREET ADDRESS     2.3 STREET ADDRESS     CHY-ST-ZIP     Change   Addition     NAME     DELETE   3.1 TITLE   Change   Addition     NAME   STREET ADDRESS   3.3 STREET ADDRESS     CHY-ST-ZIP   3.4 CHY-ST-ZIP     TITLE   Change   Addition     NAME   Add	SIGNATURE  12.  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
3.4. City-St-ZiP	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	STREET ADDRESS   CAPE CORAL FL	STREET ADDRESS   2.2 NAME   2.3 STREET ADDRESS   CHY-ST-ZP    Change   Addition   Addi	DELETE   DELETE   Change   Addition	SIGNATURE  12.  DITE  NAME  STREET ADDRESS  CITY-ST-ZIP  THEE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
3.4. City-St-ZiP	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	STREET ADDRESS   CAPE CORAL FL	STREET ADDRESS   2.2 NAME   2.3 STREET ADDRESS   CHY-ST-ZP    Change   Addition   Addi	DELETE   DELETE   Change   Addition	SIGNATURE  12.  DITE  NAME  STREET ADDRESS  CITY-ST-ZIP  THEE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
3.4. City-St-ZiP	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	STREET ADDRESS   CAPE CORAL FL	STREET ADDRESS   2.2 NAME   2.3 STREET ADDRESS   CHY-ST-ZP    Change   Addition   Addi	DELETE   DELETE   Change   Addition	SIGNATURE  12.  DITE  NAME  STREET ADDRESS  CITY-ST-ZIP  THEE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
CITY-ST-ZIP	2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     Change   Addition   Addition   A.2 NAME   A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   Change   Addition   A.2 NAME   A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   Change   Addition   A.5 NAME   A.5 STREET ADDRESS   A.5 CITY-ST-ZIP   Change   Addition   A.5 STREET ADDRESS	STREET ADDRESS   CAPE CORAL FL	NAME	THLE	SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
CHY-ST-ZIP	2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     Change   Addition   Addition   A.2 NAME   A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   Change   Addition   A.2 NAME   A.3 STREET ADDRESS   A.4 CITY-ST-ZIP   Change   Addition   A.5 NAME   A.5 STREET ADDRESS   A.5 CITY-ST-ZIP   Change   Addition   A.5 STREET ADDRESS	STREET ADDRESS   CAPE CORAL FL	NAME	THLE	SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST
CHY-ST-ZIP	22 NAME   23 STREET ADDRESS   2.4 CITY-ST-7IP     Change   Addition   Addit	STREET ADDRESS   CAPE CORAL FL	NAME	DELETE   DELETE   2.1 TITLE   Change   Addition     NAME	SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME	Signer Politypset of product name  D  DEMKOW, WILLIAM  246 SW 43 ST

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 report is true and accurate and that my significance shall have the same legal effect as if made under oath; that I 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 any attachment with an address.

SIGNATURE:

**FILED** 

May 15 1997 8:00am