FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L60178

(5)

1. Corporatio			NC.	0	(0)								
Principal Place of Business 1285 GRAND CANAL DR NAPLES FL 33963				Mailing Address 1285 GRAND CANAL DR NAPLES FL 33963				1 18611BIT WIN EVILL ENGLY 1751K 186	is libri dilitir El	61(616 () 6 ()	DII 4 100 PIRU 1001		
										3. Date Incorporated or Qualified 03/21/1990		e of Last)6/14/1	
2. Principal P	lace of Busin	ess		2a. Mailing Address						4. FEI Number			Applied For
Suite, Apt.	# oto		Suite, Apt. #, etc.						65-0181101			Not Applicable	
22 Suite, Apr.	#, etc.		27				5. Certificate of Status Desired			5 Additional Required			
City & Stat	e		City & State					6. Election Campaign Financing			00 May Be		
23			28			Country			Trust Fund Contribution		Add	led to Fees	
Zip	Country 25			29				′		8. This corporation has liability for Florida Statutes Yes		ax under :	s 199.032,
24	stered Agent	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent							
				•			81	ī	Name				
SMITH,	HAROLD S	S., II					82	١,	Street Addre	ess (P.O. Box Number is Not Acceptate	nle)		
2660 AIRPORT RD S							Ľ.	<u> </u>					
NAPLE	S FL 33962	-4899	}				83						-
							84	7	City		FL	85 2	Zip Code
11. Pursuant	to the provisi	ions of	Sections 607.050	2 and 60	7.1508, Florida Statut	tes, th	ie above i	L_ nar	med corpora	ation submits this statement for the pu	pose of ch	anging its	registered office
familiar w	ith, and acce	pt the	obligations of, Sec	tion 607	.0505, Florida Statutes	260 D) S.	/ tite corp	OI &	ation's board	of directors. I hereby accept the app	omment a:	s registere	o agent. i am
SIGNATURE	Shorp in board	or protes	d name of registered ager	d and the #	ary lizable 8.6	TL Do	ristand April		annt se man sed	when reinstating!	DATE		We want to the state of the second
12.	oigraine, typeo	C p in	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	JIE NO	13.	1, 50	gra tre required	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	VP\$				DELETE		1. 1 TITLE					Change	☐ Addition
NAME	COX, S						1.2 NAME						
STREET ADDRESS								(A)	ORESS				
CHTY - ST - ZIP	NAPLE	SFL			F70		14 CHY-5	3T - Z	ZIP				
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STREET ADDRESS	NADI FO FI								DRESS				
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NAME							3 2 NAME		1		'		
STREET ADDRESS							3.3 STREE	T AE	DRESS				
CITY-ST-ZIP							3.4 CITY - S	1 - Z	TIF .				
TITLE					☐ DELÉTE	- "-	4. 1 THTLE					Change	Addition
NAME							4.2 NAME						
STREET ADDRESS							4.3 STREET	AD	DRESS				
CITY-ST-ZIP					E Desert		4 4 CITY - S	1-2	MP			<u> </u>	First globale .
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STREET ADDRESS							5 3 STREET						
CITY - ST - ZIP TITLE					DELETE		5.4 CITY - S 6 1 TITLE	1-2	ir			Change	Addition
NAME							6.2 NAME				١		
STREET ADDRESS						ı	63 STREET	ΑD	DRESS				
City-St-ZiP							64 CITY - S						

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 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.

SIGNATURE:

lunan F Cox

4/24/96 (941)591-3600

CR2E034 (12/95)