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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L64310

(0)

| Principal Place   | BLVD   | Mailing Address  1845 SE 5TH ST. CAPE CORAL FL 33990-16   | 602   |  |  |  |
|---|--|---|---|--|--|--|
|   |  |   |   |  | 3. Date Incorporated or Qualified 04/11/1990   | 3a. Date of Last Report 04/11/1996   |
| 2. Principal Place of Business                            |  | 2a. Mailing Address   |   |  | 4. FEI Number  | Applied For  |
| Suite, Apt. #, etc.                                       |  | 26  |   |  | 65-0205935   | Not Applicable  \$8.75 Additional  |
| 22]   |  | 27  |   |  | 5. Certificate of Status Desired   | Fee Required   |
| City & State  |  | City & State  | City & State  |  | 6. Election Campaign Financing   | \$5.00 May Be  |
| Zip   | Country  | 28 Zip  | 7 Country   |  | Trust Fund Contribution  | Added to Fees  |
| 24  | hand hand hand   |   | Country<br>30   | B. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes  Yes X No |  |  |
|   | 9. Name and Address of Curre   |   | 1901  |  | 10. Name and Address of New Reg  |  |
|   | TSCHALK, SCOT  |   | 81  | Name   |  |  |
| 1845 SE 5TH STREET  |  |   | 82 Street Add   |  | ress (P.O. Box Number is Not Acceptable)   |  |
| CAPE  | E CORAL FL 33990   |   |   |  |  |  |
|   |  |   | 83  | 1  |  |  |
|   |  |   | 84  | City   |  | FL 85 Zip Code   |
| 11. Pursuant office or report La                          | to the provisions of Sections 607.05 registered agent, or both, in the Statem femiliar with, and accept the obli   | 502 and 607.1508, Florida Statule of Florida, Such change was   | utos, the above authorized by torida Statute                  | re-named corp<br>y the corpora   | poration submits this statement for the pu<br>dion's board of directors. I hereby accept   |  |
| SIGNATURE   |  |   |   |  |  |  |
|   | Signature, typed or printed name of registered at  |   |   | em signature requi   | ired when reinstating)   | DATE   |
| 12.   | PTD OFFICERS AF  | ND DIRECTORS DELETE   | 13.   | T  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12  Change Addition   |
| NAME  | GOTTSCHALK, SCOT   |   | 1.2 NAME  |  |  | الماد المحادث فينيا  |
| STREET ADDRESS  | 1845 SE 5TH ST   |   |   | T ADDRESS  |  |  |
| CITY-ST-ZIP   | CAPE CORAL FL  |   | 1.4 CHY-5   | ST-ZIP   |  |  |
| TITLE   | VSD  | DELETE  | 2.1 101.1   |  |  | Change Addition  |
| NAME  | GOTTSCHALK, DEBBIE   | OF EYIL OY  |   | 1  |  |  |
| STREET ADDRESS  | 1845 SE 5TH ST<br>CAPE CORAL FL  | CODAL EL  |   | T ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE                                      | CAPE CONAL FL  | CAPE CURAL FL   |   | \$1-2iP  |  | Change Addition  |
| NAME  | }  | Land Medica   | 3.1 THILE<br>3.2 NAME   |  |  | The Augusta The superior   |
| STREET ADDRESS  |  |   |   | I ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | 3.4. CITY-  |  | •  |  |
| TITLE   | ☐ DELETE   |   | 4.1 TIBLE   |  |  | Change Addition  |
| NAME  |  |   | 4.2 NAME  |  |  |  |
| STREET ADDRESS  |  |   | 4.3 STREET  | ADDRESS  |  |  |
| CITY-ST-ZIP   |  | - Diliti  | 4.4 CITY - S  | 31-ZIP   | ***************************************  | · · · · · · · · · · · · · · · · · · ·  |
| TITLE   |  | ☐ DET E LE  | 5.1 T(1) €  |  |  | Change Addition  |
| NAME<br>STREET ADDRESS                                    |  |   | 5.2 NAME  | 1 ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | 5.4 DHY-S   |  |  |  |
| TITLE   |  | DELETE  | 61 TITLE  | 31.511   |  | Change Addition  |
| NAME  |  |   | 62 NAME   |  |  | -  |
| STREET ADDRESS  |  |   | 63 STREET   | ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | 6.4 CITY-S  |  |  |  |
| 14. I do hereb<br>Information<br>I am an of<br>appears in | by certify that the information supplied in indicated on this annual report or efficer or director of the purporation of the firm of the purporation of the purporati | ed with this filing does not qual<br>supplemental annual report is<br>or the receiver or trustee empore<br>in an attackment with an ad- | lify for the exe<br>true and accu<br>wered to exec<br>idress, | imption stated<br>urate and that<br>oute this repor  | d in Section 119.07(3)(i), Florida Statutes<br>t my signature shall have the same legal<br>rt as required by Chapter 607, Florida St | . I further certify that the effect as if made under oath; that atules; and that my name |

Apr 14 1997 8:00am

Secretary of State