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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M34234 DOCUMENT # 1. Corporation Name

(8)

| Principal Place of Business Mailing Address  C/O ROGER A. SMITH  5501 CYNTHIA WAY  SSOI CYNTHIA WAY  SSOI CYNTHIA WAY |   |   |                              |  |  |   |                                     |
|---|---|---|------------------------------|--|--|---|-------------------------------------|
| NAPLES FL 3   | 33962   | NAPLES FL 33962   | NAPLES FL 33962              |  | 3. Date Incorporated or Qualified   3a. Date of Last Report   03/27/1995   |   | st Report<br>/1995                  |
| 2. Principal Pla  | ace of Business   | 28. Mailing Address   |                              |  | 4. FEI Number 59-2706746   | <u>'</u>                                | Applied For<br>Not Applicable       |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   | ******                       |  | 5. Certificate of Status Desired   | 1 1 7 -                                 | .75 Additional                      |
| 2  <br>City & State<br>3  |   | City & State  |                              |  | Election Campaign Financing     Trust Fund Contribution  |   | 5.00 May Be                         |
| Ζψ<br>24]   | Country 25  | Z <sub>I</sub> p<br>29  | Country<br>30                | <b>,</b>   | 8. This corporation has liability for in Florida Statutes 🕍 Yes  | ntangible tax und                       | ers 199.032,                        |
|   | 9. Name and Address of Curr   | ent Hegistereo Agent  | 81                           | Name   | 10. Name and Address of New R  | adiaretan waan                          |                                     |
| SMITH.  | ROGER A.  |   |                              |  | 700 B  |   |                                     |
| 5501 CYNTHIA LANE<br>NAPLES FL 33962  |   |   | 82                           | Street Addre   | ess (P.O. Box Number is Not Acceptab   | e)                                      |                                     |
|   |   |   | 83                           |  |  |   |                                     |
|   |   |   | 84                           | City   |  | FL 85                                   | Zip Code                            |
| or registere<br>familiar wit<br>SIGNATURE   | ed agent, or both, in the State of Fix<br>th, and accept the obligations of, Sc<br>Spilar in fixed or protest name of repotated all | orida. Such change was authorize<br>oction 607.0505, Florida Statutes.    | d by the corp                | named corpora<br>coration's boar<br>ant signature required | ation submits this statement for the pur<br>d of directors. I hereby accept the appointment of the appointment | DATE                                    | ered agent. I am                    |
| TILF  | PD DELETE   |   | 1. 1 TITLE                   |  |  | Cha                                     | inge 🔲 Addition                     |
| NAME  | SMITH, ROGER A.   |   | 1 2 NAME                     |  |  |   |                                     |
| STREET ADDRESS  | 5501 CYNTHIA LANE   |   | 1 3 STREE                    | I ADDRESS  |  |   |                                     |
| C 11-ST-78  | NAPLES FL   | DELETE  | 1.4 CITY -                   |  |  | [ ] Cha                                 | inge                                |
| T:ILF   |   | [] bereit   | 2 1 TITLE<br>22 NAME         |  |  | ריי פייי                                | nge 🔲 radition                      |
| NAME<br>STREET ADDRESS  |   |   |                              | T ADDRESS  |  |   |                                     |
| CITY-SLZP   |   |   | 2 4 CITY-                    |  |  |   |                                     |
| Truf  |   | [] DEFEIF   | 3 1 TITLE                    |  |  | ☐ Cha                                   | inge Addition                       |
| NAME  |   |   | 3.2 NAMÉ                     |  |  |   |                                     |
| STRULT ADDRESS  |   |   | 33 STRE                      | ET ADDRESS   |  |   |                                     |
| COLY: ST: ZIE   |   | □ DELFTE  | 3 4 CITY -                   |  |  | ☐ Cha                                   | ange Addition                       |
| TITLE   |   | € Dertur  | 4. 1 TITLE<br>4.2 NAME       |  |  |   | inde [] vancou                      |
| NAME<br>STREET ADDRESS  |   |   |                              | 1 ADDRESS  |  |   |                                     |
| CITY - ST - ZIP   |   |   | 4.4 CHTY-                    |  |  |   |                                     |
| 'IIL:   |   | [] DELETE   | 5 1 hill                     |  |  | ☐ Cha                                   | ange 🔲 Addition                     |
| NAM-  |   |   | 5.2 NAM                      |  |  |   |                                     |
| STREET ADDRESS  |   |   | 5.3 STREE                    | T ADDRESS  |  |   |                                     |
| <u>C</u> (1) - \$1 - 7 P  |   |   | 5.4 CITY                     | SY-7IP   |  |   |                                     |
| TallF   |   | ☐ DELETE  | 6 1 7171.0                   |  |  | Cha                                     | ange 🔲 Addition                     |
| NAME  |   |   | 62 NAME                      |  |  |   |                                     |
| STREE! ADDRESS  |   |   |                              | ET ADDRESS   |  |   |                                     |
| CITY - ST- ZIP  | w cortile that the information supplie  | nd with this filing is voluntarily furni                                  | 64 City<br>shed and do       |  | or the exemption stated in Section 119   | 07(3)(k), Florida 5                     | Statutes, I further                 |
| certify that<br>oath; that  | y certify that the ind-cated on this at<br>I am an officer or director of the co<br>is Block 12 or Block 13 if tha ged, o           | nnual report or supplemental annu<br>rporation or the receiver or this ed | ial report is t<br>empowered | rue and accura<br>I to execute thi                         | tle and that my signature shall have the sreport as required by Chapter 607, Fi  | same legal effect<br>orida Statutes; ar | as if made under<br>ad that my name |

FFICER OR DIRECTOR

2 2 20 96 (941) 775-3709

SIGNATURE: