COF	ILE NOW: FILING PROFIT PORATION JAL REPORT 1997	G FEE AFTEI	R MAY 1 IS \$ FLORIDA DEPART Sandra B. Secretary DIVISION OF CC	MENT OF Morthan of State	STATE	May 13		·
•	MENT # M79 TION HOLDING COM		(0)			I KATARAN KATARAN KATARAN	nu brok aver blatt i	INII DANKI KIDA NANA
incipal Piace of Business Mailing Address 200 UNIVERSITY DR STE 350 12800 UNIVERSITY DR STE 350 . MYERS FL 33907 FT. MYERS FL 33907-5343						3. Date Incorporated or Qualified 3a. Date of Last Report		
						05/05/1988	05/01/	1996
Principal P	lace of Business	28. M	lailing Address			4. FEI Number 65-0047560		Applied For Not Applicable
Suite, Apt	#. etc	S 27	iuite, Apt. #, etc.			5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required
City & Stat	e	C	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Couritry 25	29		Counti	У	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	or intangible tax	0
MAR	9. Name and Address INER GROUP, INC.	of Current Register	red Agent	8	Name	10. Name and Address of New I	Registered Age	nt
1280	O UNIVERSITY DR.			8	2 Street Add	dress (P.O. Box Number is Not Accept	able)	· · · · · · · · · · · · · · · · · · ·
	re 350 Ayers FL 33907			6				
				8	City			Zip Code
Pursuant office or r	to the provisions of Section registered agent, or bolh, in m familiar with, and accept	ns 607.0502 and 607 In the State of Florida I the obligations of, S	Such change was au Section 607.0505, Flori	s, the abo thorized t		rporation submits this statement for the ation's board of directors. I hereby acc	FL	
INATURE	Stgnahen, typed or particul name of a OFFI C		applicable. (NOTE:	,	ve-named coi sy the corpora se. gent signature requ	rporation submits this statement for the ation's board of directors. I hereby acc ured when renstating) ADDITIONS/CHANGES TO OF	DATE DATE	inging its registered ment as registered
	Statutes, typed or particulation of OFFI OFFI TAYLOR, ROBERT M. 12800 UNIVERSITY DI	registered agent and tille it a ICERS AND DIRECT	orplicable. (NOTE: ORS	Registered A <b>13.</b> 1.1 TiTLE 1.2 NAME	ye-named cor by the corpora as. gent signature req.	uired when reinstating)	DATE DATE	Inging its registered ment as registered
NATURE E ET ADDRESS - ST- 2iP	Standers, typed or is rised name of OFFI C TAYLOR, ROBERT M. 12800 UNIVERSITY DI FT. MYERS FL	registered agent and tille it a ICERS AND DIRECT	arplicable. (NOTE ORS . DELETE	Registered A <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ve-named co by the corpora se. gent signature req. T ADDRESS \$1-7/P	uired when reinstating)	DATE	Inging its registered ment as registered RECTORS IN 12 Change Addition
NATURE ET ADDRESS ST-ZIP	Standard, typed or to rise came of OFFI TAYLOR, ROBERT M. 12800 UNIVERSITY DI FT. MYERS FL P HAWKINS, ELAINE 12800 UNIVERSITY DI	registered agent and tile if a ICERS AND DIRECT ICERS <b>AND DIRECT</b>	orplicable. (NOTE: ORS	Registered A <b>13.</b> 1.1 THLE 1.2 NAME 1.3 STRE 1.4 CIYY- 2.1 THLE 2.2 NAME 2.3 STRE	enamed co y the corpora as. ent signature requ tr ADDRESS ST-ZIP	uired when reinstating)	DATE	Inging its registered ment as registered
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