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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

a kunku din ing kanga danak dinin dinin ang akka binja angga akang bingga bingga bang

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # M80666

(4)

ALAN J. RUBINSTEIN, P.A.

SIGNATURE:

Principal Place 1375 JACKSON SUITE 304 FT. MYERS FL	ST.	Mailing Address P. O. BOX 368 FT. MYERS FL 33902-0368 US	P. O. BOX 368 FT. Myers Fl 33902-0368			2. Data become grided or Overlifferd. I 20. Data of Lost Report.			
US						3. Date Incorporated or Qualified 05/09/1988	3a. Date of Last Report 01/24/1996		
2. Principal Pl	lace of Business	2a. Mailing Address 26	<u></u> ⊢¬			4. FEI Number 65-0048170	Applied For Not Applicable		
Suite. Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22 City & State 23	9	27 City & State 28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
Zip	Country Zip Cou			try		8. This corporation has liability for in			199.032.
24	25 29 30 9, Name and Address of Current Registered Agent					Florida Statutes 10. Name and Address of New Reg		No	
RIIRI	INSTEIN, ALAN J.	en negistered Agent	8	31	Name	10. Italia dia Abarasa di Itali na	<u> </u>	gone	
1375 JACKSON ST. Suite 304				32	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
FT. N	MYERS FL 33901		8	33					
			8	34	City		FL	65 Zip (Code
office or re	egistered agent, or both, in the Sta	i502 and 607 1508, Florida Statutes ate of Florida. Such change was au ligations of, Section 607.0505, Flori	ithorized	by:	the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of o	changing it intment as	s registered registered
	Signal we typical or printed name of registered			Agen	t signature n	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.		т-	ADDITIONS/CHANGES TO OFFIC			Addition
TITLE	D Rubinstein, Alan J.	L_J DELETE	1.1 TITLE				ı	Change	MOUITION
NAME CERTAINSPECE	1779 WHITECAP CIRCLE			1.2 NAME					
STREET ADORESS CITY+S1+ZIP	N FT MYERS FL		1	1.3 STREET ADDRESS 1.4 City-St-Zip					
TITLE	DELETE 21				- 211	217			Addition
NAME			2.2 NAM	AE.					
STREET ADDRESS			2.3 STRI	EET #	ADDRESS				·
CITY-ST-ZIP	2.			Y-S1	r-zip	***			
TITLE	DELETE 3:			E				Change	Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STR	EE1 A	ADDRESS				
CITY-SI-ZIP			3.4. CIT		F-ZIP				
TITLE			E	4.1 TITLE			ı	Change	Addition
NAME			4. 2 NAM		.	•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY		- ZIP			Change	Ladition
TITLE		ר"ן הברבוב	5.1 TITL 5.2 NAM				ı	L Change	Addition
NAME					annorco				
STREET ADDRESS			5.3 STH		ADDRESS)				
CITY-ST-ZIP TITLE	DELETE 6.1				- 11r	Change			Addition
NAME			6.2 NAN						
STREET ADDRESS					ADORESS				
CITY-ST-ZIP			6.4 CITY		1				
14. Ldo beret	by certify that the information supp	lied with this filing does not qualify	for the e	exer	notion sta	ated in Section 119,07(3)(i), Florida Statute	s. I further	certify that	the
lamano	dicer or director of the corporation	or supplemental annual report is tru i or the receiver or trustee empowe i, or on an attachment with an addr	red to ex	(ecu	rate and ute this re	that my signature shall have the same lega sport as required by Chapter 607, Florida S	i effect as itatules; an	if made undid that my r	der dath; that name