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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

## **FILED** Apr 24 1997 8:00am Secretary of State

Principal Place 15685 CARRIED FT. MYERS FL	ALE LANE	Mailing Adde 15685 CARRIE FT. MYERS FI	DALE LANE				
						3. Date Incorporated or Qualified 06/06/1988	3a. Date of Last Report 04/09/1996
2. Principal P 21	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0064422	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country		28				Trust Fund Contribution	Added to Fees
24 24	Country Zip 29		30			8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes □ No
	9. Name and Address of Curre				<del></del>	10, Name and Address of New Reg	
AVIS	CHIOUS, ARTHUR W.		· — · · · · · · · · · · · · · · · · · ·	81	Name		
	5 CARRIEDALE LANE			82	Street A	Address (P.O. Box Number is Not Acceptable	0)
FT. I	MYERS FL 33912						
				83			
				84	City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   Topic   Topic							
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	>	DELETE	1.1 TITLE			Change 🔲 Addition
NAME	AVISCHIOUS, ARTHUR W.		1.2			DELETE	
STREET ADDRESS	ET MYPDO EL				ADDRESS	DELETE PRESIDENT/SEC	
CITY-ST-ZIP TITLE	SID		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		PLESIDYNT SEC	☐ Change ☐ Addition
NAME	AVISCHIOUS, ELSIE ANN	-	2.2 NAME			(20)	<b></b>
STREET ADDRESS	TREET ADDRESS 15685 CARRIEDALE LANE		2 3 STREFT ADDRESS		ADDRESS		
CITY-ST-ZIP	FT. MYERS FL			2 4 CITY-5	ST - ZIP		
TITLE	DELF		DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME	1		
STREET ADDRESS				3.3 STREET	- 1		
CITY+ST-ZIP TITLE			DELETE	3.4. CITY - 5 4.1 TITLE	SI - ZIP		Change Addition
NAME		_		4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	IT-ZIP		
TATLE	DELETE		5.1 TITLE			Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP			) DELETE	5.4 CITY - S	T-ZIP		Change Addition
TITLE		L	DELETE	6.1 TITLE			Change Addition
NAME Street address				6.2 NAME 6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY - S			j
VIII - 01 - 217				■ 0.4 PH 1 - 9	/1 'ZU		

Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 chapter 60 on an attack month with an address.