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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M94492

(9)

		DEL AGENCY, IN											
Principal Prace of Business Mailing Address										M3 M44 M4M14	AIBH BEALL SIBIL A	11011 1001	
				881 AIRPORT RD \$									
STE C 106 NAPLES FL 33962				STE C 106 NAPLES FL 34112-4876									
TOTAL ELO I E 000	104.		19711	DEC 1E CYTTE	70,0				3. Date Incorporated or Qualified	3a. [Date of Last R	eport	
									08/10/1988	04	/26/1996	, l	
2. Principal P	lace of Busine	288	2a.	Mailing Addr	988				4. FEI Number	<u></u>		plied For	
21	26	26					65-0073223 Not Applicable						
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75				
22	27						or continues or states position		Fee Re				
City & State		City & State					6. Election Campaign Financing \$5.00 May Be						
23 Zip		Country	28	Zip	T	Count	er.		Trust Fund Contribution		Added		
 1	<u> </u>	·	29	z.ip	-	10	ı y		This corporation has liability for Florida Statutes	intangib]] Yes		. 199.032,	
24		25 and Address of Curre		tered Agent	كلــــــــــــــــــــــــــــــــــــ	וטון			10. Name and Address of New R				
WEI	CHSEL, LES			· · · · · · · · · · · · · · · · · · ·	,,	8	1	Name			<u> </u>		
	I AIRPORT F					1	2	Ctront Addr	on (D.O. Pau Number in Not Assente	blož			
STE C 106								Street Audr	ess (P.O. Box Number is Not Acceptable)				
	LES FL 339	1 1				8	3				,		
					14	City		·····	OF Zin	Codo			
						l°	*	City	FL 85 Zip Code				
11. Pursuant	to the provision	ons of Sections 607.05	02 and 60	07.1508, Florid	ia Statutes	s, the abo	V9-	named corp	oration submits this statement for the ion's board of directors. I hereby acce	purpose	of changing it	s registered	
office of r agent. La	rogistered agt ım familiar wit	eni, or both, in the Stat h, and accept the oblig	gations of	f, Section 607.	ge was ac 0505, Flori	ida Statut	es.	me corporati	on's board of directors. I hereby acce	pi ine ar	pointment as	redigielen	
SIGNATURE													
	Signature, typed r	or printed name of registered ag			(NOTE:		\gen	t signature requir	ed when reinstaling)	DATE			
12.	1 70	OFFICERS AN	ND DIREC	CTORS DE	1.575	13.		1 1	ADDITIONS/CHANGES TO OFFI	CERS A	VD DIRECTOF Change	RS IN 12	
TITLE	PD	Robert J.		L DE	LEIE	1.1 TITLE					L.J Change	☐ Addition	
NAME	7827 QUI					1.2 NAM							
STREET ADDRESS		ROOK IL 60521						ADDRESS					
CITY-ST-ZIP TITLE	VSD	100K IL 00021		☐ DE	I ETE	1.4 CITY 2.1 TITUE		- ZIP			Change	Addition	
		., RICHARD H.		L! UL	LCIL						m) similige	Natilities	
NAME ODGET ADDRESS		7 AINTREE LN.				2.2 NAM		LODDITCC					
STREET ADORESS	NAPLES F							AODRESS	•				
CITY-ST-ZIF TITLE	AT	L		☐ DE	LETE	2.4 CITY 3.1 TITLE		1.21			☐ Change	Addition	
NAME	1 '	, LESLEY L.				3.2 NAM				•	cgo		
STREET ADORESS		7 AINTREE LN.				1		ADDRESS				†	
CITY-ST-ZIP	NAPLES F					3.4. CITY							
TITLE	12.000			DE	LETE	4.1 TITLE		1-211		**********	Change	Addition	
NAME						4. 2 NAM		1					
STREET ADDRESS								ADDRESS				j	
CITY-ST-ZIP						4.4 CITY							
TITLE	 			DE	LETE	5.1 TITLE	_				Change	Addition	
NAME						5.2 NAM							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP						5.4 CITY		ŀ				- P	
TITLE				DI	LETE	6.1 TITLI					Change	Addition	

14. I do 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 changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

2/12/97

941-774-6633

Daytime Phone #

FILED

Feb 17 1997 8:00am

Secretary of State