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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| RIGHT | MENT # NO22 TO LIFE OF LEE COUNT | 63 (4) | | | | | |
|--|--|--|---|--|--|---|--|
| HIGH | TO LITE OF LEE COUNT | I, ING. | | | | | |
| Principal Plac | e of Business | Mailing Address | | | 7188 1111 81811 8781 718 11 818 1 | | |
| 4720 S. E. 15TH AVENUE #103 CAPE CORAL FL 33904 | | 4720 S. E. 15TH AVENUE #103 CAPE CORAL FL 33904 | | | | | |
| | | | | 3. Date Incorporated or Qualified 03/28/1984 | 3a. Date of Last 05/01/1 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number NOT APPLICABLE | ⊢ + | Applied For | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | | 5 Additional Required | |
| City & Stat | .0 | City & State | | 6. Election Campaign Financing | \$5.0 | May Be | |
| 3 | | 28 | | Trust Fund Contribution | | d to Fees | |
| Zip 4] | Country 25 | Zip | Country | 8. This corporation has liability for | | 199.032, | |
| | 9. Name and Address of Curr | 29 29 Agent | 30 | Florida Statutes 10. Name and Address of New | Yes 12 No | | |
| | | | 81 Name | | negistereo Agent | | |
| MillER | KATHERINE A | | | | | | |
| 5145 SANTA ROSA COURT | | | 82 Street | Address (P.O. Box Number is Not Accepta | able) | | |
| CAPE CORAL FL 33904 | | 83 | | | | | |
| | | | 84 05 | | | | |
| | | | 84 City | | | p Code | |
| | | | | | | | |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statut | es, the above-named c | orporation submits this statement for the p | urpose of changing its r | egistered offic | |
| 11. Pursuant or register familiar wi | to the provisions of Sections 617.05 red agent, or both, in the State of Flo ith, and agreet the obligations of, Se | 02 and 617.1508, Florida Statut orida. Such change was authoriz oction 617.0603, Florida Statutes | es, the above-named cred by the corporation's | orporation submits this statement for the pi board of directors. I hereby accept the ap | urpose of changing its repointment as registered | egistered offic lagent. I am | |
| TOTAL PROPERTY. | to the provisions of Sections 617.05 red agent, or both, in the State of Fix th, and accept the obligations of, se | citori di 19.0005, Fiorida Statutes | ν Δ.Δ.1.1 | orporation submits this statement for the problem of directors. Thereby accept the application of the problem o | urpose of changing its repointment as registered | egistered offic lagent. I am | |
| SIGNATURE | Signature, typed or printed name of registered age | Muller Katha ent and title if applicable. I MC | DTE: Rogistered Agent signature | 1cer Executive Dir | ector 41 | 19/94 | |
| GIGNATURE | Signature, typed or printed name of registered ego | Muller Kathe | DE: Rogistered Agent signature | Lev Executive Dir required when reinstating) ADDITIONS/CHANGES TO OF | DATE 4/ | 9/96 DRS IN 12 | |
| GIGNATURE 12. | Strature, typed or printed name of registered agreement of the printed of the pri | Muller Katha ent and title if applicable. I MC | DTE: Pogistered Agent's gnature 13. 1.1 TiTLE | Lev Executive. Dir required when reinstating) ADDITIONS/CHANGES TO OF | ector 41 | 19/94 | |
| SIGNATURE 12. TILE NAME | Stingure, typed or printed name of registered age OFFICERS A PD MILLER, KATHERINE A | Muller Kathe | DTE: Rogistered Agent is gnature 13. 1.1 TITLE 1.2 NAME | ler Executive Dir required when renstatings ADDITIONS/CHANGES TO OF Miller, Katherine A | DATE 4/ | 9/96 DRS IN 12 | |
| SIGNATURE 12. TITLE HAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS A PD MILLER, KATHERINE A 5145 SANTA ROSA CT | Muller Kathe | DTE: Rogistered Agent's greature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | Lev Executive. Dir required when reinstating) ADDITIONS/CHANGES TO OF | DATE 4/ | 9/96 DRS IN 12 | |
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poration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name on an attachment with an address. appears in Block 12 or Block 13