SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT **1992** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

FILED Aug 19 1998 8:00am Secretary of State

i <del></del>	1000					_
DOCUMENT # N07854 (5)						
COMMU	NITY COOPERATIVE MINIS	STRIES, INC.				
CONTINUE		3111120) 1110.			A BOOTHER ON BOTH FROM THOSE COME THAT THE PROPERTY OF THE PRO	
Principal Place of Business Mailing Address						
2830 DR MARTIN L. KING BLVD FORT MYERS FL 83916		2830 DR MARTIN L. KING BLVD			3. Date Incorporated or Qualified	
		FORT MYERS FL 33916			02/26/1985	
U\$		US			4. FEI Number Applied F	
2 Principal D	Ince of Business	2a. Mailing Address			59-2602772 Not Appl	
2. Principal Place of Business 21		26			5. Certificate of Status Desired S8.75 Additional Fee Required	1
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.			6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	8	City & State	····		7. Is this nonprofit corporation a homeowness association?	
23		28	<b>-</b>		☐ Yes 🔼 No	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year intapgible Personal Property Tax due June 30. Yes No	<del>)</del>
24	25 9. Name and Address of Curre	29   ent Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
			8	1 Name	To. Harris and Flammon of their troping and the Figure	
LEGRANDE, J.L. 2069 FIRST STREET			8	2 Street A	et Address (P.O. Box Number is Not Acceptable)	
					a Addition (1.10), box Inditions is 1101 Acceptable)	
FORT MVI	ER\$ FL 33901		8	3		
FURTHIL			<u> </u>	4 000	85 Zip Code	
; ON MIL			8	4 City		
	o the provisions of sections 617.0502 gistered agent, or both, in the State n familiar with, and accept the oblige	2 and 617.1508, Florida Statute of Florida. Such change was a atlons of, section 617.0503, Fk		1 '	FL   ``  `	
11. Pursuant to office or re agent. I am	Signature, typed or printed name of registered age	ent and title if applicable. (P	es, the above authorized by orida Statutes	named corpora the corpora	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	_
11. Pursuant to office or re agent. I am	Signisture, typed or printed name of registered age OFFICERS A	ent and title if applicable. (F ND DIRECTORS	es, the above authorized by oride Statutes	named corpora the corpora 3. Agent signature	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
11. Pursuant to office or reagent. I am SIGNATURE _	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (P	us, the above authorized by oride Statutes	named corporation corporations.	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinitiating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_
11. Pursuant to office or reagent. I am SIGNATURE -	Signisture, typed or printed name of registered age OFFICERS A	ent and title if applicable. (F ND DIRECTORS	ns, the above- authorized by prida Statutes NOTE: Registered 13.	named corporation corporations.	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
11. Pursuant to office or reagent. I am SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered age OFFICERS AT P POWERS, HOLLIS	ent and title if applicable (P ND DIRECTORS DELETE	ns, the above- authorized by prida Statutes NOTE: Registered 13.	named corporate corporate corporate signature	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered re-required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	12 Addition
11. Pursuant to office or reagent. I am SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL	ent and title if applicable. (F	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE	named corporate	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered re-required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	12 Addition
11. Pursuant to office or reagent. I am SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN	ent and title if applicable (P ND DIRECTORS DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	named corporate	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered  required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change A	12 Addition
11. Pursuant to office or reagent. I am SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE	ent and title if applicable (P ND DIRECTORS DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE	named corp the corpora s.  Agent algorature  E  E  ET ADDRESS  ET ADDRESS	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered re-required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	12 Addition
11. Pursuant to office or reagent. I am SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL	ent and title if applicable. (F ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	named corp the corporate the c	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered a required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	112 Addition
11. Pursuant to office or reagent. I am SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD	ent and title if applicable (P ND DIRECTORS DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY-	named corp the corpora s.  Agent eignature  E ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered a required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	12 Addition
11. Pursuant to office or reagent. I an SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TYPE THE STREET ADDRESS CITY-ST-ZIP TITLE	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR.	ent and title if applicable. (F ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  2.2 NAME  2.3 STRE  2.4 CITY-  3.1 TITLE  3.2 NAME	named corp the corpora s.  Agent eignature  E ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered a required when reinitialing)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	112 Addition
11. Pursuant to office or reagent. I am SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL FT MYERS FL	ent and title if applicable. (F ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  2.2 NAME  2.3 STRE  2.4 CITY-  3.1 TITLE  3.2 NAME  3.3 STRE  3.4 CITY-	named corp the corporation of th	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change A  PROY WAGNEY  ROY WAGNEY  ROY WAGNEY  Change A  N. F. T. MYERS  Change A	112 addition
11. Pursuant to office or reagent. I an SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD	ent and title if applicable. (F ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE	named corp the corporation of th	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change A  PROY WAGNEY  ROY WAGNEY  ROY WAGNEY  Change A  N. F. T. MYERS  Change A	112 addition
11. Pursuant to office or reagent. I an SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM	ent and title if applicable (*  ND DIRECTORS  DELETE  DELETE	NOTE: Registered by pride Statutes  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY- 2.1 TITLE 3.2 NAMI 3.3 STRE 2.4 CITY- 4.1 TITLE 4.2 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI	named corp the corporation of th	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change A  PROY WAGNEY  ROY WAGNEY  ROY WAGNEY  Change A  N. F. T. MYERS  Change A	112 addition
11. Pursuent to office or reagent. I an SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA	ent and title if applicable (*  ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.3 STRE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE	named corp the corporation of th	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change A  PROY WAGNEY  ROY WAGNEY  ROY WAGNEY  Change A  N. F. T. MYERS  Change A	112 addition
11. Pursuent to office or re agent. I an SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM	ent and title if applicable (PND DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered by pride Statutes  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY- 2.1 TITLE 3.2 NAMI 3.3 STRE 2.4 CITY- 4.1 TITLE 4.2 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 NAMI 4.4 CITY- 4.1 TITLE 4.2 NAMI	Agent signature  E ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A A A STATE FOR TRAIL Change A A A A A A A A A A A A A A A A A A A	112 addition
11. Pursuant to office or reagent. I an SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL	ent and title if applicable (*  ND DIRECTORS  DELETE  DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 4.1 STRE 4.4 CITY- 4.1 STRE 4.4 CITY- 4.1 STRE	named corp the corporation of th	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A A A STATE FOR TRAIL Change A A A A A A A A A A A A A A A A A A A	ddition addition
11. Pursuent to office or reagent. I an SIGNATURE -  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL D PEELER, CONNIE 2830 DR MARTIN L. KING BLV	POLETE    DELETE   DE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 NAME 5	named corp the corporation of th	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A A A STATE FOR TRAIL Change A A A A A A A A A A A A A A A A A A A	- 112 Addition
11. Pursuent to office or reagent. I an SIGNATURE -  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL D PEELER, CONNIE	DELETE  DELETE  DELETE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 5.1 TITLE 5.3 STRE 5.4 CITY- 5.1 STRE 5.4 CITY-	named corp the corpora s.  Agent eignalure  E EET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A A A STATE FOR TRAIL Change A A A A A A A A A A A A A A A A A A A	- 112 Addition Addition
11. Pursuant to office or reagent. I an SIGNATURE -  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL D PEELER, CONNIE 2830 DR MARTIN L. KING BLV FT MYERS BL D	POLETE    DELETE   DE	NOTE: Registered  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY- 2.1 TITLE 3.2 NAME 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 6.4 CITY- 6.1 TITLE 6	named corp the corpora  . Agent eignalure  E ET ADDRESS ST-ZIP	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstaling)    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change   A	- 112 Addition Addition
11. Pursuent to office or reagent. I am SIGNATURE -  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL D PEELER, CONNIE 2830 DR MARTIN L. KING BLV FT MYERS BL D WAGNER, RAY	DELETE  DELETE  DELETE	IS, the above- authorized by oride Statutes  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  1.4 CITY-  2.1 TITLE  3.2 NAMI  3.3 STRE  4.4 CITY-  4.1 TITLE  4.2 NAME  4.3 STRE  4.4 CITY-  5.1 TITLE  5.2 NAMI  6.3 STRE  6.2 NAMI  6.3 STRE  6.3 NAMI  6.3 STRE  6.4 CITY-  6.5 NAMI  6.5 NAMI	named corp the corpora  Agent eignature  E ET ADDRESS ST-ZIP	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstaling)    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     Change   A     A     A     A     A     Change   Chang	addition addition
11. Pursuent to office or re agent. I an SIGNATURE -  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P POWERS, HOLLIS 5095 GREENBRIAR DR. FT. MYERS FL VD SMITH, MARY LYNN 3715 MCKINLEY AVE FT. MYERS FL SD EISEMANN, STELLA 489 APOLLO DR. FT MYERS FL TD REEVES, JIM P.O. BOX 412 NA FT. MYERS FL D PEELER, CONNIE 2830 DR MARTIN L. KING BLV FT MYERS BL D	DELETE  DELETE  DELETE	IS, the above- authorized by oride Statutes  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  1.4 CITY-  2.1 TITLE  3.2 NAMI  3.3 STRE  4.4 CITY-  4.1 TITLE  4.2 NAME  4.3 STRE  4.4 CITY-  5.1 TITLE  5.2 NAMI  6.3 STRE  6.2 NAMI  6.3 STRE  6.3 NAMI  6.3 STRE  6.4 CITY-  6.5 NAMI  6.5 NAMI	named corp the corporation of th	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered required when reinstaling)    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     Change   A     A     A     A     A     Change   Chang	addition addition

an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deytime Phone #