NON	PROFIT	.Q)	DEPARTME	ENT OF ST			
	ORATION LL REPORT		Sandra B. Mo Secretary of				
	996	/=/	ON OF COR		NS		
OCUM	ENT # N1907	6 ((1)				
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rincipal Place o	of Business	Mailing Address				r 1851(19) 991 HAID 19111 ABHIL I.	
700 ELEVENTH STREET SOUTH SUITE #200		% JOHN CLAPPI SUITE 270 COLL NAPLES EL 3394	LIER PLACE	ţ			a la bi di
NAPLES FL 339	A U	NAPLES FL 3394 US	AN .			3. Date Incorporated or Qualified 01/20/1987	d 3a. Date of Last Report 04/06/1995
. Principal Plac	ce of Business	2a. Mailing Addre	ess	· ····		4. FEI Number	Applied For
]		26				65-0053153	Not Applicable \$8.75 Additional
Suite, Apt. #,	elC.	Suite, Apt. #,	, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State				Election Campaign Financing Irrust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	7	8. This corporation has liability for	for intangible tax under s. 199.032,
Zip	25	29	30	-		Florida Statutes 10. Name and Address of New I	Yes No
	9. Name and Address of Current	yistered Agent		81	Name		
OGDEN	I, DEBRA A			82	Street Add	Idress (P.O. Box Number is Not Accept	itable)
3710 ESTEY AVENUE			83				
	S FL 33942			L	1		
				1	T City		85 Zip Code
		0.0-1.0	ido A	the above		rporation submits this statement.	FL
agent. i am	ngistered agent, or both, in the state on familiar with, and accept the obligat	ations of, Section 617.	.0503, Florid	, the above horized by da Statutes	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
agent. I am SIGNATURE	on familiar with, and accept the obligat	ations of, Section 617.	.0503, Florid	the above horized by da Statutes	e-named cor y the corpora s.	quired when reinstating)	e purpose of changing its registered cept the appointment as registered DATE DEFINITION OF THE PROPERTY OF T
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