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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N36008

(3)

Principal Place	N PALEN OFFICE CONDON e of Business	Mailing Address	, INC,				
10181 E MILE (CYPRESS PKWAY	P.O. BOX 1666					
US US FT. MILE OFFICES PROPERLY FT. MYERS FL 33902-1		<i>1</i> 6		Date Incorporated or Qualified 01/08/1990	3a. Date of 05/0	Last Report)1/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1 00/0	Applied For
1		26			65-0163114		Not Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & State	9	City & State			6, Election Campaign Financing		5.00 May Be
3		28			Trust Fund Contribution		dded to Fees
Zip "T	Country	Zip	Coun	try	8. This corporation has liability fo		
4	9. Name and Address of Curren	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes No	
				1 Name			·
PALEN.	HOWARD E.		į.	Street Add	ress (P.O. Box Number is Not Accepta	ablet	
10181 \$	SIX MILE CYPRESS PARKWAY				ress (F.O. pox number is not Acceptable)		
FT. MYE	ERS FL 33912		Į*	33			
			ļī.	4 City		FL 85	Zip Code
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida, Such change was	ites, the abo authorized	by the corporates	poration submits this statement for the tion's board of directors. I hereby acc	purpose of chan ept the appointm	iging its registered ent as registered
	m familiar with, and accept the oblig-	ations of, Section 617.0003, F	ionua statu	105.			
SIGNATURE	m familiar with, and accept the obligi				Ired when reinstating)	DATE	······································
SIGNATURE _		eri and title if applicable. (NC D DIRECTORS				DATE	CTORS IN 12
SIGNATURE _ 2.	Signative 155-ed or ponted name of registored age OFFICERS AN	ent and title if applicable. (NO	TE: Registered	Agent signature requi	fred when reinstating)	DATE	
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