FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

Principal Place of Business Mailing Address					
2756 MCGREGOR BLVD. 2756 MCGREGOR BLVD. FT. MYERS FL 33901 FT. MYERS FL 33901			D.		
·		<i>,</i>			3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
2. Principal Place of Business 22 21 26		2a. Mailing Address 26			4. FEI Number Applied For 65-0235170 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country <b>25</b>		Zip <b>29</b>	29 30		<ol> <li>This corporation has lability for intangible tax under s. 199.032,</li> <li>Florida Statutes</li> </ol> ☐ Yes ☑ No
	<ol><li>Name and Address of Current</li></ol>	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent
			8.	Name	е
WINTERS, WILLIAM E. 16350 FAIRWAY WOODS DR			83	Street	at Address (P.O. Box Number is Not Acceptable)
UNIT 18			83		
FT. MYE	RS FL 33908		84	City	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointmen: as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Sons of problem one of problem agent and the Food are					
	Signature, typed or printed name of registered agent a		TE: Registered Age	nt signature i	e required when reinstaling) [DATE
12.	OFFICERS AND		13.		AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	P	DELETE	1.1 TITLE		President Change Addition
NAME	BELL, JOHN S.		1.2 NAME		RASMOVICH, CAROLYN 1207 MEDINAN DRIVE FORT MYERS, FL 37919
STREET ADDRESS	3555 STUART CT		1.3 STREE	I ADDRESS	1201 MEDINAN DRIVE
CITY-ST-ZIP	FT. MYERS FL		1.4 C(TY-	ST - ZIP	FORT MYERS FL 33919
TITLE	VD	DELETE 2.1 TH			☐ Change ☐ Addition
NAME	HENDRY, ELIZABETH W.		2.2 NAME		
STREET ADDRESS	2350 W 1ST ST., APT. 702		2.3 STREE	ADDRESS	
CITY-ST-ZIP	FT. MYERS FL STD		2 4 CITY	ST-7(P	
TITLE	I 117	DELETE	3.1 TITLE		Change Addition
NAME	CONNELL, JAMES 8351 ARBORFIELD COURT		3.2 NAME		
STREET ADDRESS	FT. MYERS FL			r address	
CITY-ST-ZIP TITLE	D D	Mon ere	3 4. CITY-	ST-ZIP	
NAME	WINTERS, WILLIAM E.	DELETE	4 1 THILE		☐ Change ☐ Addition
	16350 FAIRWAY WOODS DRIV	r <u> </u>	4 2 NAME		
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL	L		ADDRESS	
TITLE	TT. MICHOTE	DELETE	4 4 DITY-	ST-ZIP	
NAME			51 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5 2 NAME	1000000	
CITY-ST-ZIP				ADDRESS	
TITLE		DELETE	5.4 CITY -	st - ZIP	
NAME .		Filococic	6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS				4000-00	
CITY-ST-ZIP				ADDRESS	
	ly certify that the information supplied w	ith this filing is voluntarily furn	64 CITY-:	s not oue	Jalify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

March 17 1996 332. 3299