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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N41707

(3)

Principal Place PEPPERTREE FT. MYERS F US	e of Business	Mailing Address PO BOX 8126 FT. MYERS FL 3390 US					
					3. Date Incorporated or Qualified 01/16/1991	3a. Date of Las 04/17/1	Report 995
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 65-0311980		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			00 00 11000		Not Applicable
22		27			5. Certificate of Status Desired		5 Additional Required
City & State	е	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		ed to Fees
Zip 24	Country	Zip	Countr	У	8. This corporation has liability for int		. 199.032,
24	9. Name and Address of Curre	29 ent Pagistared Agent	30			Yes No	
	3. Name and Address of Com-	ent negistered Agent	B1	Name	10. Name and Address of New Reg	pistered Agent	
ADAMS	JOSEPH E. ESQ		6	INDITIE			
% BECKER & POLIAKOFF, PA			82	Street Add	iress (P.O. Box Number is Not Acceptable)		
	ELL TOWER DR., STE 101		83				
	YERS FL 33907						
			84	City		FL 85 Zi	p Code
11. Pursuant i	to the provisions of Sections 617.050	02 and 617,1508, Florida Stat	tutes, the above-	named como	ration submits this statement for the purpo		colotored effec
	red agent, or both, in the State of Flo th, and accept the obligations of, Sec			poration's boa	ard of directors. I hereby accept the appoin	itment as registered	l agent. I am
iaimiliar Wi							
TOTTIMES 441	_	onor, orribodo, rionda Giara	.00.				
SIGNATURE	Signature, typed or printed name of registered age			ont signature require	ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Registered Age	ont signature require		DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.	(NOTE: Registered Age	ont signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		DRS IN 12
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS AI PO BOSSMAN, ROBER	nnt and title if applicable.	(NOTE: Registered Age	ont elgnature require		ERS AND DIRECTO	
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD BOSSMAN, ROBER 5472 PEPPERTREE DR	nnt and title if applicable.	(NOTE: Registered Age 13, 1.1 TITLE 1.2 NAME	ont signature require		ERS AND DIRECTO	
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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: 8

NING OFFICER OR DIRECTOR

4/17/96