## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

		1996	Soveth	DIVISION OF	CORPORAT	IONS			
[ ].		MENT #	N44113	3 (1)					
	QUAIL	WEST FOOT	IDATION, INC.				A HERMINGE BUY REQUERY MERCE LINES FOR	188 HILL BIRH BIRH BIR	11 SIBH SIBH BIBH 1884
Pr	incipal Plac	e of Business		Mailing Address			1 100/1/01 0/4 0/01 0/00/01	188 IIII 81811 BIBII 8781	11 BIBIT BIBIT BIBIT 1481
	950 BURNH IAPLES FL			5950 BURNHAM RD.					
	IS	33333		NAPLES FL 33999 US					
							<ol> <li>Date Incorporated or Qualified 06/28/1991</li> </ol>		f Last Report <b>09/1995</b>
	Principal P	lace of Business		2a. Mailing Address			4. FEI Number		Applied For
21	Corta Ant 6 and			26			65-0302020	<del></del>	Not Applicable
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
	City & State			City & State			6. Election Campaign Financing		\$5.00 May Be
23	Zip		Country	28	1 .		Trust Fund Contribution		Added to Fees
24	ΖIÞ	25	Country	Zıp	Gounti 30	ry	This corporation has liability fo     Florida Statutes	r intangible tax un Yes <b>X</b> No	der s. 199.032,
,			Address of Current		1301		10. Name and Address of New		nt
-					8	1 Name			
	S. JOHN				8	2 Street	Address (P.O. Box Number is Not Accepta	rtile)	
		JRNHAM ROAD							
	NAPLES	FL 33999			8:	3			
					8-	4 City		e-, 85	5 Zip Code
11	Pursuant	to the provisions	of Sections 617 0502 a	nd 617 1508. Florida Statute	as the above	-named o	corporation submits this statement for the po	FL °	
	OI I CONSIG	rea agont, or both	an the state of Horiga	Such change was authoriz n 617.0503, Florida Statutes	BULDY THE COL	poration's	s board of directors. Thereby accept the ap	opintment as regis	stered agent. I am
SIC	GNATURE		In low	-4		2000	/	3/2//	9/2
		Signature, typied or prin	eo name di registernid agont an	ditte fapplicable (NO			required when renist iting"	ATE	
12		Б	OFFICERS AND	DIRECTORS	13.		ADD HONS CHANGES TO OF		
NAN		LEES, MARS	HALL		1 1 TITLE			☐ Ch	nange
	EET ADDRESS		ROE ST. #2610		1.2 NAME	: Et adoress			
	Y · ST - ZIP	CHICAGO IL			1.3 STREE				
TITL	,F	D		DELETE	2 1 TrTLE		-	□ Ch	ange 🔲 Addition
NA.	ΛE	Kramer, D			2.2 NAME				
STR	FFT ADDRESS		ROE ST. #2610		2 3 STREE	T ADDRESS			
CITY	r-ST-ZIP	CHICAGO IL		Porter	2 4 C/TY			- <u> </u>	
NAM		HARDY, ROI	RERT S	DELETE	3 1 TITLE			Ch.	ange 🔲 Addition
	EET ADORESS	6289 BURNI			3.2 NAME	I ADDRESS			
	-ST-ZIP	NAPLES FL			3.4 CITY				
TITE		(PT)		DELETE	4.1 TITLE		POESINENT	Chi	ange
NAM	ΑE			4. 2 NAME		HESSE GAUNDA	, ,		
	EET AODRESS	6289 BURNI	iam RD.		4 3 STREE	T ADDRESS	PRESIDENT HESSE, SANDRA		
CITY	r-ST-ZIP	NAPLES FL V		[ Delete	4.4 CITY-	ST-ZIP			
NAM		RITO, GARY	.1	□ DELETE	5 1 TITLE		TREASURER CONTI, S. JOHN 5950 BURNHAM RD NAPLES, EL 339	Cha	ange 🗶 Addition
	STREET ADDRESS 6289 BURNHAM RD.			5.2 NAME 5.3 STREET ADDRESS		CONTI, S. TOHN			
CITY-S1-ZIP NAPLES FL			5.3 STREE 5.4 CITY -		5950 BURNHAM RD	000			
TITL		\$		DELETE	61 TITLE	OT AN	" 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<b>7</b> □ Cha	ange Addition
NAM	1E	Chapman, i			6.2 NAME				
STRE	EET ADDRESS	6289 BURNI	IAM ROAD		6 3 STREE	T ADDRESS			
	- ST-ZIP	NAPLES FL			6 4 CITY-				
14.	. i do hereb	ov certify that the is	normation supplied with	h this filma is voluntarily furni	shed and doe	as not alia	alify for the exemption stated in Section 110	OZ(2)(ld) Florida C	Notation I Employe

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 eath; 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.

SIG	NA	TU	R	Е	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. JOHN CONTI 3/21/96

94/-592-1191