FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 1417-3 DEL PRADO BLVD.

2. Principal Place of Business

CAPE CORAL FL 33990

Suite, Apt. #, etc.

STF 217

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FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

3a. Date of Last Report

03/19/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

04/24/1992

65-0337210

5. Certificate of Status Desired

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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1417-3 DEL PRADO BLVD.

CAPE CORAL FL 33990-3799

THE DECIBELLES OF CAPE CORAL, INC.

City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes **W**No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RYAN, DIXIE LEE 82 Street Address (P.O. Box Number is Not Acceptable) 4127 SW 1ST PLACE 83 CAPE CORAL FL 33904 City 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13, DVP Change TITLE DELETE 1.1 TITLE Addition DΡ 1.2 NAME NAME DIXIE RYAN, 4127 S.W. 1ST PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition \mathcal{F} THILE 2.1 TITLE NAME SUSAN PUCCIO. 2.2 NAME STREET ADDRESS 1110 S.E. 16TH STREET 2.3 STREET ADDRESS CITY - ST - ZIP CAPE CORAL FL 33990 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE SD 3.1 TITLE NAME KING, EVA 3.2 NAME STREET ADORESS 3605 SE 3RD PLACE 3.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE THOMPSON, JOANN 4.2 NAME NAME 4936 SW 8TH COURT 4.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY - ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.