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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # N93000005622 (6)

ION, INC.						i f ili ti i ili i ilila ilila i lili ili li ilili) .11 411 11 144 1	01 0 1 0140 1		l
Principal Plac	ce of Business	Mailing Address			—— II					
	EWAY BLVD. RS FL 33913	11691 GATEWAY BLVD FORT MYERS FL 3391								
						ncorporated or Qualified 2/14/1993		te of Las 05/01	st Report	7
	Place of Business	2a. Mailing Address			4. FEI Nu	mber		<u> </u>	Applied For	
Suite, Apt.	# etc	26		· · · · · · · · · · · · · · · · · · ·	6	5-0572217			Not Applicable	e
22	. A Cita	Suite, Apt. #, etc.			5. Certific	ate of Status Desired		\$8.7	5 Additional	
City & Stal	le	City & State							Required	
23		28				n Campaign Financing und Contribution			00 May Be	
Zip	Country	Ziρ	Cou	ntry	·				ed to Fees	_
24	25	29	30	,	Florida	rporation has flability for in Statutes	ntangible ta:		s. 199.032,	
·	9. Name and Address of Currer	nt Registered Agent	·			and Address of New Re	egistered A	lgent		\dashv
				81 Name						
DORAGH, PETER			}	62 Street	Vivien N. Hastings, Esq. Street Address (P.O. Box Number is Not Acceptable)					_
	UREL OAK DRIVE					1 Oak Drive,	Suite	500		
SUITE !			i	83						-
NAPLE	S FL 33963		-	84 City				last s		4
11 Pursuant	to the provinces of Seeking 617 0000				Naples		FL	85 Z	ip Code 33963	
or registe	to the provisions of Sections 617,0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	' and 617.1508, Florida Statute: da. Such change was authorize	s, the abov d by the c	/e-named co	proporation submits to	his statement for the purp	ose of char	iging its	registered offic	e j
iai iniai w	ith, and accept the obligations of, Section	ion 617.0503, Florida Statutes.	,		DOME OF CAPECIONS	гнегеоў ассерстве арраг	<i>t</i>	egisteret	u agent. i am	
SIGNATURE	Signature, typed or printed name of rugistered agon:	(A)					7135	196)	1
12.	OFFICERS ANI		13.	Agent signature r	equired when reinstating)	N.O. O. I.A. D. C. D.	DATE			ାଜ
TITLE	PD			11 TITLE P		DNS/CHANGES TO OFFIC				CR2E037 (12/95)
NAME	LACROIX, JOHN J					eall Wayner	£	T nange	Addition	Ë
STREET ADDRESS	11691 GATEWAY BLVD.		1.3 STREET ADDRESS 1		11691	G. Russell Weyer 11691 Gateway Blvd.				
CITY-ST-ZIP	FORT MYERS FL 33913		- 8	1.4 CITY - ST - ZIP			u. 33913			
TITLE	D	SCIR ELETE	2 1 TITI		SD	CLO, PL		Change	Addition	- 뜻
NAME	ANDERSON, RICHARD			_		Rumar		Louinge	Addition	
STREET ADDRESS	11691 GATEWAY BLVD.		2 3 STA	EET ADDRESS	11691 (Travis Rymer 11691 Gateway Blvd.				
CITY - ST - ZIP	FORT MYERS FL 33913		2 4 CIT	Y-ST-ZIP	Fort My	ers, FL 33	u. 012			1
TITLE	SD	A CLETE	3 1 TiTL	E .	D	<u> </u>	71.J K	Change	Addition	-
NAME	DORAGH, PETER		3 2 NAN	đΕ	Doug So	hwartz				1
STREET ADDRESS	11691 GATEWAY BLVD.		33 STA	EET ADDRESS	11691 (Sateway Blvo	d.			
CITY-ST-ZIP TITLE	FORT MYERS FL 33913		3.4. CIT	Y-ST-ZIP	Fort My	ers, FL 339	913			
NAME	D CALDIAGELL DAVID	DELETE	4.1 YiTL		_			Change	☐ Addition	1
STREET ADDRESS	Caldwell, David 11691 Gateway Blvd.		4. 2 NAI							
CITY-ST-ZIP	FORT MYERS FL 33913		- 1	EET ADDRESS						
THILE	TD	∠ SELETE		- ST - ZIP						
NAME	MOORE, JANET	T-Joseph C	5 1 TITL		TD Sugan P	ritchard	甚	Shange	☐ Addition	
STREET ADDRESS	11691 GATEWAY BLVD.		5.2 NAM	I		ateway Blvd			81.	
CITY-ST-ZIP	FORT MYERS FL 33913			ET ADDRESS	LOST P				76	10
TITLE		DELETE	5 4 CHY 6 1 THTLE	- ST - Z)P			33913	^		1
AME			62 NAM		10	0000191	395	Change	Addition	
STREET ADDRESS				ET ADDRESS	-0:	8/06/960110	8034	}		
CITY-ST-ZIP			CACITY	CC TUD		k61.25				

14. 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 nurse proof is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #