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

N9400000010 (8)

2. Principal Place of Business 2. FEI Number 6. FEI Number 6. Certificate of Status Desired Total Status Desired Total Status Desired Trust Fund Contribution Zip Country 2. Zip Country 3. This corporation has liability for intang	3a. Date of Last Report 04/03/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, es \[\] No
UNIT B CAPE CORAL FL 33904 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 01/03/1994 4. FEI Number 65-0461119 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date Incorporated or Qualified 01/03/1994 5. Certificate of Status Desired City & State 5. Certificate of Status Desired Trust Fund Contribution Zip Country Zip Country Zip Country B. This corporation has liability for intang Florida Statutes 9. Name and Address of Current Registered Agent PURDY, G TINA 1322 LAFAYETTE ST UNIT B CAPE CORAL FL 33904 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ctty 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the pursuant of the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above paged corporation submits this extraored for the page of the page	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, es \(\) No
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Trust Fund Contribution Zip Country Zip Country 30 Strict Fund Contribution Florida Statutes Ye 9. Name and Address of Current Registered Agent PURDY, G TINA 1322 LAFAYETTE ST UNIT B CAPE CORAL FL 33904 28 Country 70 Country 80. This corporation has liability for intang Florida Statutes I Ye 10. Name and Address of New Regist 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Cape Coral FL 33904	Added to Fees gible tax under s. 199.032, es \(\sigma \) No
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PURDY, G TINA 1322 LAFAYETTE ST UNIT B CAPE CORAL FL 33904 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above-named conversion submits this statement for the pursuant	
1322 LAFAYETTE ST UNIT B CAPE CORAL FL 33904 83 City 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the pursuance.	
CAPE CORAL FL 33904 84 City 11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above-gamed correvation submits this statement for the pursuant.	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above named correction submits this statement for the purpose.	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment	85 Zip Code
or registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. Thereby account the appointment of the state of Florida. Such change was authorized by the comporation's board of directors. Thereby account the appointment of the state of Florida.	
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	on changing its registered office ant as registered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and title if applicative. (NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	=
TITLE D DELETE 1.1 TITLE	Change Addition
NAME PURDY, G TINA 12 NAME 4838 CANDIA ST	
CAPE CORAL EL 22004	
1.4 CITY - ST- ZIP 1.4 CITY - ST- ZIP DELETE 2.1 Title	☐ Change ☐ Addition
NAME GARVIN, JOHN 2.2 NAME	
STREET ADDRESS 2145 ANDREA LN 2.3 STREET ADDRESS	
DITY-ST-ZIP FORT MYERS FL 33912 2.4 DITY-ST-ZIP	
DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME WHITENER, MICHAEL 3.2 NAME 11000 METRO PARKWAY 3.3 STREET ADDRESS	
FORT MYERS EL 22004	
	Change Addition
NAME 4. 2 NAME	First Assertion
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
OTILE DELETE 5.1 TITLE	Change Addition
VAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS DITY-SI-ZIP 5.4 CITY-SI-ZIP	
5.4 CITY - \$1 - ZIP	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
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)(if 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 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 Sappears in Block 12 or Block 13 if changed, grid an atjachgnerit with an address.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	local offect on if made under