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**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003587 (0)

## **FILED** Feb 28 1997 8:00am Secretary of State

		IINGS PARK FUUNDATIU				
1		e of Business \$ PARK DRIVE 1942	Mailing Address 120 MOORINGS PARK DRI NAPLES FL 34105-2122	VE .		
				•	3. Date incorporated or Qualified 07/05/1996	3a. Date of Last Report N/A
2.	. Principal Pl	lace of Business	2a. Malling Address		4. FEI Number	Applied For
21			26		65-0687721	Not Applicable
22	Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
L	City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		Constru	28	Country	Trust Fund Contribution	Added to Fees
-	Zip I	Country	Zip 29	Country 30	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,
24	l	25 9. Name and Address of Cur		30	10. Name and Address of New Re	
<b>-</b>				81 Name		
		I, GUENTHER		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
		OORINGS PARK DRIVE S FL 33942		83		
ļ	WW LLC	J 1 L 000 12		84 City		85 Zip Code
1				04  0119	:	FL [ ]
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1	Pursuant (     office or reagent. I as  IGNATURE	then the	mell Guent	ther ( to	corporation submits this statement for the poration's board of directors. I hereby accept	19n 22, 1997
s	IGNATURE 3	Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature r	equired when reinstating)	10n 22, 1997
S 1;	IGNATURE 2	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable (NOTE AND DIRECTORS	Registered Agent signature r	2ch	DATE DATE DERS AND DIRECTORS IN 12
1;	IGNATURE 2 2. TLE	Signature, typed or printed name of registered OFFICERS	agent and tide if applicable (NOTE AND DIRECTORS	Registered Agent signature r 13.	equired when reinstating)	10n 22, 1997
S 1;	IGNATURE 3 2. TLE	Signiture, typed or printed name of registered OFFICERS. D ABRAHAMSON, VINCENT	agent and trife if applicable (NOTE AND DIRECTORS  X DELETE  W MR	Registered Agent signature r 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	DATE DATE DERS AND DIRECTORS IN 12
S 1; III N/ S1	IGNATURE 2  2.  THE  AME IREET ADDRESS	Signature, typed or printed name of registered OFFICERS.  D ABRAHAMSON, VINCENT 120 MOORINGS PARK DR	agent and trife if applicable (NOTE AND DIRECTORS  X DELETE  W MR	Registered Agent alguature in 13.  1.1 TITUE  1.2 NAME  1.3 STREET ADDRESS	equired when reinstating)	DATE DATE DERS AND DIRECTORS IN 12
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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 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

104 MOORINGS PARK DR., D-304

NAPLES FL 33942

944 261 1616 Daytime Phone # 0059448