FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of Stalk DIVISION OF CORPORATIONS

1996

SIGNATURE:

P28100 **DOCUMENT #**

(6)

Principal Place of Business Maling Address 27258 PINECREST LANE BONITA SPRINGS FL 33923 Maling Address 27258 PINECREST LANE BONITA SPRINGS FL 33923					
##:::::: #::::::				3. Date Incorporated or Qualified 02/08/1990	3a. Date of Last Report 04/17/1995
Dringing Place	o of Rusiness	2a, Mailing Address		4. FEI Number	Applied For
, Fill bipart lase of Education		— ո		65-0169948	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desireo	\$8.75 Additional Fee Required
2		Orty & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
4	25	29	30	Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New N	Aftergree vigoric
 	ALDEDT & WENDY		1 1	The Control of the Assessment	Indiana
LEPREE, ALBERT & WENDY 27258 RINECREST LANE			82 Street Add	ress (P.O. Box Number is Not Acceptab	
	SPRINGS FL 33923		83		
DOMIN	OF THE TOOL O		84 City		85 Zip Code
			-	ration submits this statement for the pul ard of directors. Thereby accept the app	FL
SIGNATURE		ID DIRECTORS	tilk 18. gehanni Agart syrut ne mann 13.	etweerending ADDITIONS/CHANGES TO OFF	CATE FICERS AND DIRECTORS IN 12 Charge
TITLE	PD	C DELETE	1 1 1111.5		
NAME	LEPREE, ALBERT F., JR. 27258 PINECREST LANE		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	BONITA SPRINGS FL		1.3 STREET ADDRESS		
CITY - ST - ZIF	BOILTY OF THIOSO I C	☐ DELETE	2 11/11		Change Addit on
THILE NAME		<u></u>	2.2 NAME		
STREET ADORESS			2.3 STREET ADORESS		
CITY-SI-ZIP			2 4 0 (TY - ST - ZIF)		Change Add-tion
TITLE		☐ DELETE	3 1 TillE ~		Change Addition
NAME.			3.2 NAM:		
STREET ADDRESS			3.3 STREET ADDRESS		
C:TY - Sr - 7iP		DELETE	3.4 C(T) ST-7(P) 4.1 DTLE	- Warner - W	Change Addition
TITLE		[4.2 NAME		
NAME OVER A LEBOURE			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CiTY - ST - ZIP		
CHY-ST-ZIP TITLE		☐ DELETE	5 1 TIILE	3000018 -06/20/9601	691999
NAME			5.2 NAME	-06/20/9601	.029028
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY - ST - ZIP			5.4 CITY - ST - 7P		Change Addition
TITLE		☐ DELETE	6 1 TITLE		
NAME			€ 2 NAMF		1-19-0

6.4 City: St-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutesy likether certify that the information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if indice oath; that I am an officer or director of the corporation or the receiver or tusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Burck 3 if changed, or on an attentional with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 200.00

5-14.96 941-941-4154