FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000000232 (6)

Principal Place of Business Mailing Address	II WANIO RIBIA NIBBA NIBA NIBI INDI
5814 SW 1ST CT 5814 SW 1ST CT CAPE CORAL FL 33914 CARE CORAL FL 33914 US DO NOT WRITE IN T	THIS SPACE
3. Date Incorporated or Qualified	
10/27/1992	
2. Principal Place of Business 2e. Mailing Address 4. FEI Number 21 26 65-0364200	Applied For Not Applicable
Suite Ant # etc Suite Ant # etc	¢0 75 • data and
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the composal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent 10. Name and Address of New Register	ered Agent
SIFRAR, DANIEL 81 Name	
5814 SOUTHWEST 1ST COURT 82 Street Address (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33914	
84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpo- 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 state of the state of the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the 	e appointment as registered
	ATE
SIGNATURE Signature: typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

/ 4/-/- 9 s (941) 945-2992

Apr 15 1998 8:00am

Secretary of State