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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200004801 (6)

FILED Apr 10 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1318 LAFAYETTE ST. CAPE CORAL FL 33904 MeRECAPA OF LEE COUNTY, INC. Mailing Address 1318 LAFAYETTE ST. CAPE CORAL FL 33904									
						3. Date Incorporated or Qualified 11/09/1992		te of Last 2/1996	
-	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21	At a b.	26		····		65-0325630			Not Applicable
Suite, Apt 22	#, eig	Suite, Apt. #, étc.				5. Certificate of Status Desired			Additional Required
City & Sta	le	City & State		····		6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Сол	ntry		8. This corporation has liability for			rs. 199.032,
24	25 9. Name and Address of Cur	29	30			Florida Statutes L. 10. Name and Address of New Re	Yes 2		····
Dir i	L, THOMAS W	tellt Hagistato Agent		81 Nam		IU, Italija alia Audrees vi iteli ne	Albiaian i	-Bour	
	8 LAFAYETTE ST.		}	82 Stree	t Address	s (P.O. Box Number is Not Acceptate	-la\		
	PE CORAL FL 33904			92 3096	I AUDIESS	s (P.O. BOX NUMBER IS NOT ACCEPTAL	JIB)		
			ĺ	B3					
			ļ	84 City	<i></i>			85 Zi	p Code
							FL		·
office or	registered agent, or poin, in the Sp	ate of Florida. Such change wa	s authorized	d by the co	rporation	ation submits this statement for the p 's board of directors. I hereby accep	pt the app	OHITHERIT	as registered
agent La SIGNATURE	am familiar with, and accept the ob	agest and title if applicable (N	Florida Stat	utes.		when reinstating)	DATE		······································
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4. I do hereby certify that the information supplied with this filling does not quality for the examption stated in Section 119.07(3)(i), Florida Statules, 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 frustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

(941) 549-2444