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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUM 1. Corporation I PLANT		00013988 (0) Inc.)					
Principal Place of Business % P.O. BOX 425 CAPTIVA FL 33924		Mailing Address % P.O. BOX 425 CAPTIVA FL 33924						
					3. Date Incorporated or Qualified 12/24/1992	3a. Date	of Last Report 05/01/1995	
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0377815		Applied For Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	ď	\$8.75 Additiona Fee Required	1	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	<u> </u>	Country 30		8. This corporation has liability for Florida Statutes Yes 10. Name and Address of New F	s □No		
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New I	tegistereu i	Agent	
MOREY, HARTLEY 1986 MY-TERN COURT			82		ress (P.O. Box Number is Not Acceptal	ble)		
	EL FL 33957	•	. 83					
			84	City	<u>, ,</u>	FL	85 Zip Code	
DICMATURE					ration submits this statement for the puriod of directors. I hereby accept the app	urpose of cha pointment as	anging its registered of registered agent. I a	office m
12.	Signalure typed or printed name of registered agent and little if applicable. OFFICERS AND DIRECTORS		OTE: Registered Agent signarure require 13.		ADDITIONS/CHANGES TO OF		DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1, 1 TITLE				Change Addit	tion
NAME STREET ADDRESS	MOREY, HARTLEY 1986 MY-TERN COURT SANIBEL FL 33957		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
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NAME			5 2 NAME					
STREET ADDRESS				ADDRESS				
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L NAME	İ		U.E. INVIANC	1				

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)(k), 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 3 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS