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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013915 (2)

Principal Place of Business Mailing Address 1318 LAFAYETTE ST CAPE CORAL FL 33904 PS CORPORATION TO THE CORAL FL 33904 PS CORPORATION TO THE CO)			
				3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 03/06/1996
	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0384275	Applied For Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	de	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Gountry	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	intangible tax under s. 199.032, Yes X No
24	25 25 9. Name and Address of C		30	Florida Statutes 10. Name and Address of New Re	The state of the s
HILL	, THOMAS W		81 Name		
1318	8 LAFAYETTE ST		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
CAP	PE CORAL FL 33904		83		
			84 City		FL 85 Zip Code
11. Pursuarit	t to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statute State of Florida, Such change was at obligations of Spatian 607.0505, Flori	s, the above-named corporal athorized by the corporal	poration submits this statement for the p ition's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
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SIGNATURE	Signature, by action possed name of registe	ered agent and title II applicable. (NOTE:	Registered Agent signature requi	irad when reinslating)	DATE DIDECTORS IN AS
SIGNATURE	Signature ity action pointed name of register	eted agent and title II applicable. (NOTE:	Registered Agent signature requi		ERS AND DIRECTORS IN 12
SIGNATURE 12. TILLE	Signature 151 and or ported name of rogiste OFFICER PD	ered agent and title II applicable. (NOTE:	Registered Agent signature requi	irad when reinslating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. TILLÉ NAME	Signature ity action pointed name of register	eted agent and title II applicable. (NOTE:	Registered Agent signature requi	irad when reinslating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS	Signature by act or product name of registr OFFICER PD SAUERWEIN, ERNEST	eted agent and title II applicable. (NOTE:	Registered Agent signature requi	irad when reinslating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS DITY-SE-ZE	Signature 151 action product name of registrome DFFICER PD SAUERWEIN, ERNEST 1318 LAFAYETTE ST CAPE CORAL FL 33904 STD	eted agent and title II applicable. (NOTE:	Registered Agent signature requisites 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	irad when reinslating)	ERS AND DIRECTORS IN 12 Change Additio
SIGNATURE 12. THE NAME STREEL ADDRESS EATY-SE-7-E THE	Signature 154 Action provide name of registropy of PD SAUERWEIN, ERNEST 1318 LAFAYETTE ST CAPE CORAL FL 33904 STD HILL, THOMAS W.	erred agent and title II applicable (NOTE: IS AND DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	irad when reinslating)	ERS AND DIRECTORS IN 12 Change Additio
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SI-7-6* THE NAME	Signature by Act or provide name of registropy of PD SAUERWEIN, ERNEST 1318 LAFAYETTE ST CAPE CORAL FL 33904 STD HILL, THOMAS W. 1318 LAFAYETTE ST	erred agent and title II applicable (NOTE: IS AND DIRECTORS DELETE	Registered Agent signature requi 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	irad when reinslating)	ERS AND DIRECTORS IN 12 Change Additio
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SIGNATURE:

appears in Block 12 or Block

O OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97

(941)549-2444

FILED

Apr 10 1997 8:00am

Secretary of State

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