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

1	MENT # P9300(EL, INC.	0022800 (5)			
Principal Place of Business Mailing Address						
11575 MARSHWOOD LANE FT MYERS FL 33808 US		11575 MARSHWOOD LANE FT MYERS FL 33908 US		3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address			03/22/1993 4. FEI Number	Applied For
21	, ' <u> </u>				65-0423313	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			6. 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			ÿ	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent		т	10. Name and Address of New Registers	d Agent
	CKENZIE, BRENT C		81	Name)	
53.2 ŁADY FINGER LAKE ROAD SANIBEL FL 33957			82	Street	Address (P.O. Box Number is Not Acceptable)	
			6.5			
			84	City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ago	nt and time if applicable (N			d corporation submits this statement for the purpose rporation's board of directors. I hereby accept the a required when renstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE .	D DELETE		1.1 TITLE		DIB	Change Addition
NAME	MACKENZIE, BRENT C		1.2 NAME			
STREET ADDRESS	BANKET PLANCE		•	1 ADDRESS		
CITY-ST-ZIP TITLE	SANIBEL PL 33937		1.4 CITY - 2.1 TITLE	SI-ZIP		Change Addition
NAME	La viceri		2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	1		2. 4 CITY			
TITLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS	1	
CITY-ST-ZIP		- Day see	3.4. CITY	ST-ZIP		1 4 4 100
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAMI			
STREET ADDRESS			•	T ADDRESS		
CITY-ST-ZIP TITLE	DELETE		4.4 CITY- 5.1 TITLE	31-ZIP		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-)	
TITLE		☐ DELETE	6.1 TITLE	•		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
OTV CT 710			C 4 CITY	מול דס		

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental annual refer or director of the corporation or the precise or Block 12 or Block 13 if changed, or on an attachmen oes no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by five and accurate and that my signature shall have the same legal effect as if made under path; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 15 1998 8:00am

Secretary of State