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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000025223 (7)

Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address Sci 9 FOWLER 97. 2336 Fowler 57 FT. MYERS FL 33901 FT. MYERS FL 33901		
	3. Date Incorporated or Qualified 04/01/1993	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mailing Address	4. FEI Number 65-0406218	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.	03 04002 10	Not Applicable \$8.75 Additional
22] 27	5. Certificate of Status Desired	Fee Required
City & State City & State	6. Election Campaign Financing	5.00 May Be
23 28	Trust Fund Contribution	Added to Fees
Zip Country Zip Country 24 25 29 30	8. This corporation has liability for int	
9. Name and Address of Current Registered Agent	10. Name and Address of New Re	
81 Name		
BARRY, DANIEL J 3618 FOWLER ST. 2336 FOWLER ST 82 Street Addr 233	ess (P.O. Box Number is Not Acceptable)
3618 FOWLER ST. 2 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	6 Fowler	. 57.
F1. MIERO FL 33901	NYCRS	
84 City		FL 85 Zp Code /
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor	ation submits this statement for the purpo	· - /// 2 2/ ·
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boar familiar with, and accept the full lighting of, Section 607.0505, Florida Statutes. 	rd of directors. I hereby accept the appoir	ntment as registered agent. I am
SIGNATURE PROJUCT	4/22	196
Stunahire, typed or trinted name of registered ages and title if applicable. (NOTE Registered Agent signature required		EDG AND DIDECTORS IN 40
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
RARRY DANIEL I		
STREET ADDRESS 3618 FOWLER ST. 8,336 FOWLER ST. 12 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS FL 33901 14 CITY-ST-ZIP		
TRILE DELETE 2.1 TITLE		Change Addition
NAME 22 NAME		
STREET ADDRESS 23 STREET ADDRESS		
CITY - ST - ZIP		Change Addition
NAME 32 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
City-S1-7/P 3.4 City-S1-7/P		
TIFLE DELETE 4.1 TITLE		Change Addition
NAME 4.2 NAME		
STREET ADDRESS CITY-S1-ZIP 4.4 CITY-S1-ZIP		
THEF DELETE 5 1 THE		☐ Change ☐ Addition
NAME 52 NAME		<u>-</u>
STHEET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TAILE DELETE 6.1 TAILE		Change Addition
NAME 62 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify furnished.		
certify that the information indicated on this annual report or supplemental annual report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this	ite and that my signature shall have the si	ame legal effect as if made under
appears in Block 12 or Block 13 // changed, or on an attachment with an address.	, ,	