## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000029684 (6)

Principal Place 24508 RODAS E BONITA SPRING	PRIVE	Mailing Address 24508 RODAS DRIVE BONITA SPRINGS FL 341	35-7039	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					3. Date incorporated or Qualified 04/21/1993	3a. Date of Last Report 04/26/1996
2. Principal Pi	ace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For
21]		26			65-0425850	Not Applicable
Suite, Apt. :	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & State	MIJL	City & City				Fee Required
23	, 1190°	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Coupled (in	Zip	Cour	woll ta	This corporation has liability for in	
24	25 60	29	30	coe		Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
	ell, Barbara		į.	31 Name		
24508 RODAS DRIVE				32 Street Ad	ess (P.O. Box Number is Not Acceptable)	
BUN	ITA SPRINGS FL 33923		-	93	<i>IAA</i> -	
				,3	$\mathcal{N}(\mathcal{T})$	
			Ţ	34 City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607 0502	and 607 1508 Florida State	utes, the ab	ove-named co	reporation submits this statement for the n	purpose of changing its registered
SIGNATURE	ni familiar with, and accept the obligat Signature typed on unled nation of registered agent OFFICERS AND	and title if applicable INC			orporation submits this statement for the plation's board of directors. I hereby acceptation's board of directors. I hereby acceptation's board of directors. I hereby acceptation's board of directors. I hereby acceptation	DATE
THE	PSTD	DELETE	1,1 TIT	.E		. Change Additio
NAME	NEWELL, BARBARA		1.2 NAI	AE		
STREET ADDRESS	24508 RODAS DRIVE		1.3 ST	EET ADDRESS		
C-TY - S1 - ZIP	BONITA SPRINGS FL 33923			Y-ST-ZIP	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME			2.2 NAI	i		
STREET ADDRESS				EET ADDRESS		
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NAME		bad partie	3.2 NA	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-20°				Y-ST-ZIP		
TITLE	······································	DELETE	4.1 TiT			☐ Change ☐ Additio
NAME .			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	EET ADDRESS		
O(1) - 51 - 7(P			4.4 CIT	Y-ST-ZIP		
THE		☐ DELETE	5.1 TIT			Change Additio
NAME:			5.2 NA			
STREET ADDRESS				KEET ADORESS		
1014 - \$1 - ZiP		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP		Change Additio
NAME .			6.2 NA	i i		Fit Augusto Fin Vanida
STREET ADDRESS			1	NEET ADDRESS		
CITY - ST - ZiP			1	Y - ST - ZIP		
14. I do heret			alify for the	exemption stal	ed in Section 119.07(3)(i), Florida Statute	
informatic Lam an o appears i	m ind cated on this annual report or su flicer or director of the corporation or i in Block 12 or Block 13 if changed, or	ippiemental annual report is the receiver or trustee empi on an attachment with an a	s true and a owered to e iddress.	courate and tr secute this rep	nat my signature shall have the same lega xort as required by Chapter 607, Florida S	il ellect as it made under oath; the statutes; and that my name