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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034915 (7)

Principal Plac	AVE	Mailing Address 4036 EDISON AVE		
FORT MYERS FL 33916 FORT MYERS FL 33916				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
<u> </u>				05/11/1993
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0406451 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	6	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fess
Zip 24	Country	Zip	Country	S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Cur		30	10. Name and Address of New Registered Agent
6-84 1	NE, JAMES W		81 Name	0. 1. 01
403	36 EDISON AVE		82 Street	W:LLiAm VARKER (THOVER DANGLESS (P.O. Box Number, is Not Acceptable)
FORT MYERS FL 33916			02 Stieet /	1311 EVALENA LANC
			83	
			84 City	A L SA Man = 85 Zip Code
			1 / 2	VO. Pt. MUSER FL 339/7
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent or both, in the Stam amiliar with, and accept the back	0502 and 607,1508, Florida Statute ato of Florina. Such change was a plinary of Begion 607.0505, Flo	is, the above-named uthorized by the corp rida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	accept and title if acceptable (NOTE	: Registered Agent signature	required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	President Change Addition
NAME	HUNE, JAMES W	,	1.2 NAME	WILLIAM P. GLOVER #
STREET ADDRESS	4038 EDISON AVE.		1.3 STREET ADDRESS	1311 EVALENA LANE.
CITY-ST-ZIP	FI-MYERS FL		1.4 CITY-ST-ZIP	13/1 EVALENT LANG No. Ft. Nyens PC 338/17 Change Addition
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.1 TILE 3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ecriver of this empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS