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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000041969 (5)**

**LEWIS & PEARCE CORPORATION** 

Principal Place of Business	Mailing Address			
4227B ARNOLD AVENUE NAPLES FL 33942	P. O. BOX 8207 NAPLES FL 34101-8207			
	us		3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-04 163 19	Applied For
21   Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable  S8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip <b>29</b>	Country	This corporation has liability for in Florida Statutes	intangible tax under s. 199,032, Yes □ No
24 25 9. Name and Address of Curre		<u> </u>	10. Name and Address of New Re	
RETALLICK, DONALD L III		81 Name		
4227B ARNOLD AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	——————————————————————————————————————
NAPLES FL 33942		83		
		63		
		B4 City		FL 85 Zip Code
Pursuant to the previsions of Sections 607.05 office or registered agent, or both, in the Stall agent 1 am familiar with, and accept the oblig SIGNATURE		s, the above-named co thorized by the corpor ida Statutes.	progration submits this statement for the pration's board of directors. I hereby acceptation's	ourpose of changing its registered of the appointment as registered
Signature, typed or printed harne of registered as	ent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature rec	kulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
III. OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME RETALLICK, DONALD L JR	_	1.2 NAME		<del>- •</del>
STREET ADDRESS 989 WEST STREET		1.3 STREET ADDRESS		
CITY-SI-ZIP PITTSFIELD MA 01201		1.4 CITY-ST-ZIP		
THE D  NAME RETALLICK, DONALD L III	DELETE	2.1 TITLE		L. Change L. Addition
STREET ANDRESS P. O. BOX 10807 N/A		2.2 NAME  2.3 STREET ADDRESS		
City-St-70P NAPLES FL		2. 4 CITY-ST-ZIP		
TITLE D	DELETE	3.1 TITLE		Change Addition
NAME RETALLICK, KIMBERLY P		3.2 NAME		
STREET ADDRESS P. O. BOX 10807 N/A NAPLES FL		3.3 STREET ADDRESS		
CHY-ST ZIP NAPLES FL	DELETE	3.4. CFTY-ST-ZIP 4.1 TITLE		Change Addition
NAME	L. Ditti	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-S1-ZIF		4.4 CITY - ST - ZIP		
TILLE	DELETÉ	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	* •	
CHY-S1-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAVE	**************************************	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
DTY-S1-7/P		6.4 City - SI - 7/P		

14. Too hereby certify that the information expolied 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 accourate 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 try receipt or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Lam an officer or director of the appears in Block 12 or Block 13

**FILED** 

Apr 17 1997 8:00am

Secretary of State