## 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 # P93000044603 (7)

AULIST ENTERPRISES, INC.

Principal Place of Business	Mailing Address
431 14TH AVENUE NE	431 14TH AVENUE NE
NAPLES FL 33999	NAPLES FL 34120-2312

## **FILED** May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							E INDICORT CIN INCIDA DIGIT ORDIT BRIST BRIS	I WWILL WIND	61816 Billi	<b>BRIDE</b> (IR) I		
431 14TH AVEN NAPLES FL 331				31 14TH AVENUE N IAPLES FL 34120-23								
								3. Date Incorporated or Qualified				t I
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	1 10000000			For
21			26	<del> </del>				65-0420241		L_	+	plicable
22 27				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	<del>-</del> T	Country	20	Zip	T Ooi	intry		<del></del>				
24	25 29			1	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		d Address of C						10. Name and Address of New Re				
AUL	ISI, JANET C					81	Name					
431 14TH AVENUE NE NAPLES FL 33964-2312						82	Street Add	Address (P.O. Box Number is Not Acceptable)				
NAP	LES FL 3390	1-2312				83						
						84	City			85 2	Zip Code	
									FL		p 0000	
l office or r	registered agen	t, or both, in the	State of Flor	607.1508, Florida S rida. Such change of, Section 607.050	was authoriże	d by	the corporal	poration submits this statement for the plants board of directors. I hereby acce	ourpose of the app	f changir pointment	ng its regis	jistered stered
SIGNATURE		,	-									
	Signature, typed or p	or need registe	red agent and lit IS AND DIRE		(NOTE Registere	d Age	ent signature requi	red which reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECT	CODE IN	
12.	PVP	OFFICER	IS AIND DIRE	DELET		11.5	—— <del>—</del>	ADDITIONS/CHANGES TO OFFIC	ENS AIVE	Chan		Addition
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CITY-ST-ZIP	NAPLES FL						SI - ZIP					
TITLE	8			☐ DELET						Chan	ge 🗔	Addition
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TITLE	T			DELET	E 3.1 TI	TLE				☐ Chan	ge 🔲	Addition
NAME	AULISI, CLA		LDT 600		3.2 N							
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NAME					6.2 N						_	
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CITY-ST-ZIP					5.4 Ç	<u>1Y-</u> S	ST-ZIP					_

14. I do hereby 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if Block 13 if changed, or on an attachment with an address.