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

PROFIT CORPORATION ANNUAL REPORT 1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANN	UAL REP 1998	ORT		Secret DIVISION OF	ary of State CORPORA	TIONS	Secretary of State
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	HODE	ii Erikan	ncii4, ii40:					
Principal Place of Business Mailing Address						_		T TORESTORE THE TOTOR TITLE CONT.
	244 PLUMOS FORT MYERS				1244 PLUMOSA DR. FORT MYERS FL 33901			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2	Principal P	lace of Busi	ness	2a. Maili	ng Address			07/07/1993 4. FEI Number Lapplied For
21	_			26	-			4. FEI Number Applied For Not Applied For
22	Suite, Apt. #, etc.			Suite 27				5. Certificate of Status Desired \$8.75 Additional Fee Required
-	City & Stat	City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	Zip		Country	28 Zip		Count		Trust Fund Contribution
24	,		25	29		30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
_			and Address of Cur	rent Registered	Agent		.1	10, Name and Address of New Registered Agent
DENGERMANN, VERA						1 Name		
1244 PLUMOSA DR. FORT MYERS FL 33901						8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)
	FUNI MITERS PL 33901						3	
						_	. 011	
L_						8		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida, Such change was authorized by 							ve-named co	proporation submits this statement for the purpose of changing its registered
,	agent. I a	m familiar w	th, and accept the ob	ligations of, Secti	ion 607.0505, FI	orida Statut	es.	and board of directors. Professy accept the appointment as registered
SI	GNATURE	Signature, typed	or printed name of registered	agent and tille if applic	able. (NO	IE: Registered A	oent signature reg	guired when reinslating) DATE
12	2			AND DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	LE	Ō			DELETE			Change Addition
NA	**************************************					1.2 NAMI		
	REET ADDRESS	-	UMOSA DR.			1.3 STRE	ET ADDRESS	
CIT	Y-ST-ZIP	<u>PURIM</u> D	YERS FL 33901		DELETE	1.4 CITY - 2.1 TITLE		
NA	1	•	MANN, VERA		Decemb	2.1 THE 2.2 NAME		L Change Addition
	REET ADDRESS		UMOSA DR.				ET ADDRESS	
	CITY-ST-ZIP FORT MYERS FL 33901				2.4 GITY	1		
TIT	LE			1,4	DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAJ	ME					3.2 NAME		, –
STA	EET ADDRESS					3.3 STREE	T ADDRESS	
	Y-ST-ZIP				T-1	3.4. CITY	-ST-ZIP	
TITI					DELETE	4.1 TITLE		☐ Change ☐ Addition
NAM						4. 2 NAM		
	EET ADDRESS						T ADDRESS	
Titt	r-st-zip E				DELETE	4.4 CITY-	S1-ZIP	☐ Change ☐ Addition
NAA						5.2 NAME		E civila Nation
	EET ADDRESS						T ADDRESS	
	(-ST-ZIP					5.4 CITY -		
TITL					DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM	Œ l					6.2 NAME	I	

CITY-ST-ZIP 6.4 CiTY-ST-ZIP 14. I 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 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 receiver or trustee 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, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

Feb 20 1998 8:00am