

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000055657 (9)**

1. Corporation Name

NIZHONI DREAM CATCHERS +, INC.



Principal Place of Business

**2190D ANCHORAGE LN
NAPLES FL 33942**

Mailing Address

**2190D ANCHORAGE LN
NAPLES FL 33942**

2. Principal Place of Business

2a. Mailing Address

21 **5141 BRIXTON CT.**

26 **658 FIFTH AVE. SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **NAPLES, FLORIDA**

28 **NAPLES, FLORIDA**

Zip

Country

Zip

Country

24 **33942**

25 **U.S.A.**

29 **33940**

30 **U.S.A.**

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

07/19/1995

4. FEI Number

65-0429205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANTOR, MARILYN L.
4100 CORPORATE SQ
STE 188
NAPLES FL 33942**

Address change

81 Name

MARILYN L MANTOR

82

Street Address (P.O. Box Number is Not Acceptable)

4081 TAMIANI TRAIL NORTH

83

SUITE C 201

84

City

NAPLES

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Marilyn L. Mantor
Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PV SAUSELEIN, PATRICIA L**
STREET ADDRESS **2190D ANCHORAGE LN**
CITY - ST - ZIP **NAPLES FL 33962**

TITLE ☐ DELETE
NAME **ST STEVENS, RALPH**
STREET ADDRESS **2190D ANCHORAGE LN**
CITY - ST - ZIP **NAPLES FL 33962**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2. 1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. 1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. 1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. 1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. 1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

STEVENS, PATRICIA L. ☒ Change ☐ Addition
5141 BRIXTON COURT
NAPLES, FLORIDA 33942

5141 BRIXTON COURT
NAPLES, FLORIDA 33942

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Patricia L. Stevens
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

April 26, 1996 (941)
Date Daytime Phone # **649-7311**

CR2E034 (12/95)