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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

		# <b>P9300</b> BIGN, INC.	00059453 (	9)						
Principal Plac	e of Busines	ss .	Mailing Address			<del></del>		) (UIII UIUI) †		
1117 LINCOLI CAPE CORAL	N ÇT.		1117 LINCOLN CT. CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 08/23/1993			
2. Principal P	lace of Busin	2a. Mailing Address	a. Mailing Address			4. FEI Number		Applied For		
21			26				65-0447740		Vot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	7	Additional	
27									Required	
23	Ð		28	City & State			6, Election Campaign Financing Trust Fund Contribution		D May Be d to Fees	
Zip Country			Zip				This corporation owes or has paid the current year Intangible			
24		25	29	30	Í		· _ · _ · _ · _ · _ · ·	_ `	□ No	
	g, Name	and Address of Curr					10. Name and Address of New Registered	Agent		
GUGLIELMI, RICHARD 1117 LINCOLN CT. CAPE CORAL FL 33904					81 82 83	Name Street Ad	ddress (P.O. Box Number is Not Acceptable)			
					84	City	FL	85 Zip	Code	
agent. I a	m f <b>a</b> miliar w	pent, or both, in the Sta (th, and accept the obtain or printed name of registered a	gations of, Section 607.050	5, Florida Stal	tutes	i.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appopulation of the purpose of directors and provided when relating the statement of the purpose of	changing cintment a	s registered	
12.		OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	_		
TITLE	D		☐ DELETI		-			Change	Addition	
NAME		LMI, RICHARD		1.2 N/						
STREET ADDRESS		NCOLN CT.				ADDRESS				
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904		DELET		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME					2.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2.4C		ľ				
TITLE			☐ DELET					Change	Addition	
NAME				3.2 N/	ME					
STREET ADDRESS				3.3 \$1	REET .	address				
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP				
TATLE			☐ DELETE	4.1 Ti	ΓLE			L Change	☐ Addition	
NAME				4. 2 N	AME				•	
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			T DESERTE	4.4 CI		- ZIP		05	1122	
TITLE			☐ DELETE					Change	Addition	
NAME OZDECT ADDDESS				5.2 N/		*DDDDCC				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	5.4 CI		- 2117	<del> </del>	Change	Addition	
NAME				6.1 NA				01.01190		
STREET ADDRESS						ADDRESS				

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.

OLONIATURE

P. l. a 14 l. l

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CR2E034 (10/97)

**FILED** 

Mar 05 1998 8:00am

Secretary of State