| PROFIT CORPORATION ANNUAL REPORT 1997 | RATION REPORT 97 97 Bandre B. Mortham Secretary of State DIVISION OF CORPORATIONS | | Apr 22 1997 8:00ar Secretary of State | | | |
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| CUMENT # P930 reportion Name RAN CRAIG BARBER HOME | | 2 (9) | | | | |
| hal Place of Business ITERPRISE AVENUE 5 FL 33942 | Mailing Addı 3606 ENTERPI NAPLES FL 34 | RISE AVENUE | | E MATRIATI ILA LALAZ MINI ATUN ATUN ARMU ARMU ARUA ANUA ANUA ANUA ANUA ANUA ANUA | | |
| | | | | 3. Date Incorporated or Qualified 08/23/1993 | 3a, Date of Las 04/30/1996 | |
| ncipal Place of Business | 2a. Mailing A | Address | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 4. FEI Number 65-0436877 | | Applied For Not Applicable |
| te, Apt #, etc. | Suite, Ap | ot. #, otc. | | 5. Certificate of Status Desired | | |
| y & State | 27 City & St | ate | | 6. Election Campaign Financing | | Required May Be |
| L Country | 28 Zip | ······································ | Country | Trust Fund Contribution | Add | d to Fees |
| Country | 29 | 30 | | This corporation has liability for Florida Statutes | Ves No | rs. 199.032, |
| 9, Name and Address of | Current Registered Age | ent | 81 Name | 10. Name and Address of New F | legistered Agent | |
| BARBER, DONALD R 3606 ENTERPRISE AVENUE | | | | ddress (P.O. Box Number is Not Accept | shlo) | |
| | | | oz Sireel A | doress (P.O. Box Number is Not Accept | able) | |
| NAPLES FL 33942 | | | | | | |
| NAPLES FL 33942 | | , | 83 | | <u> </u> | |
| where the the proceeding of Continue 6 | 07 0502 and 607.1508, F e State of Florida, Such c e schuedres of Section | Florida Statutes, change was aut | 84 City | orporation submits this statement for the oration's board of directors. I hereby acc | | ip Code g its registered as registered |
| ursuant to the provisions of Sections 6 face or registered agent, or both, in th gent 1 am familiar with, and accept th ATURE | e State of Florida. Such c e obligations of, Section | change was aut 607.0505, Floric | 84 City | oration's board of directors. I hereby acc | Purpose of changin ept the appointment DATE | g its registered as registered |
| ursuant to the provisions of Sections 6 Ince or registered agent, or both, in th gent 1 am familiar with, and accept th ATURE Signation types or proved hard of regis OFFICE | e State of Florida. Such o e obligations of, Section i stered agent and lifte 7 applicable RS AND DIRECTORS | change was aut 607.0505, Floric | B4 City the above-named c horized by the corpo da Statutes. the signeture re 13. 1.1 TILE | equired when reinstating) ADDITIONS/CHANGES TO OFF EV/D | Purpose of changin ept the appointment DATE | g its registered as registered ORS IN 12 |
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