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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| VANT                                     | TAGE LIGHT<br>THE TERR SW | iting of Floric         | Mailing Address  1852 E 40TH TERR SW NAPLES FL 33999  3. Date Incorporated or Qualified Q9/17/1993 Q2/20/1995  2a. Mailing Address 25 |                        |             |                       |            |   |                                       |              |              |                |
|--|---------------------------|-------------------------|---|------------------------|-------------|-----------------------|------------|---|---------------------------------------|--------------|--------------|----------------|
|  |                           |                         |   |                        |             |                       |            |   |                                       | 3a.          |              |                |
| · · · · ·                                | Place of Busin            | ess                     | _   | ⊢ ř                    |             |                       |            | 4. FEI Number                             |                                       |              | Applied For  |                |
| Suite, Apt. #, etc.                      |                           |                         |   |                        |             |                       |            |   | 05-0468305                            |              |              | <del></del>    |
| Suite, Apr. #, etc.                      |                           |                         |   | <u></u>                |             |                       |            |   | 5. Certificate of Status Desired      |              |              |                |
| City & Sta                               | ite                       |                         | 28  |                        |             |                       |            |   |                                       |              |              |                |
| Zip<br>24                                |                           | Zίρ                     |   | intry                  |             |                       |            |   | le tax under s                        |              |              |                |
|  | 9. Name                   | 25 and Address of Curre |   | tered Agent            | 11          | T                     |            |   |                                       |              |              |                |
|  |                           |                         |   | 7                      |             | 81                    | Name       | •   |                                       | <del>-</del> | <del>-</del> |                |
| LABRECHE, KENNETH<br>1852 E 40TH TERR SW |                           |                         |   |                        | 82          | Street A              | ddres      | Iress (P.O. Box Number is Not Acceptable) |                                       |              |              |                |
|  |                           |                         |   |                        |             |                       |            |   |                                       |              |              |                |
| NAPLE                                    | ES FL 33999               | 3                       |   |                        |             | 83                    |            |   |                                       |              |              |                |
|  |                           |                         |   |                        |             | 84 City               |            |   |                                       |              | 85 Zip       | Code           |
| 11. Pursuant                             | t to the provisi          | ons of Sections 607.050 | 2 and 60  | 7.1508, Florida Statut | es, the abo | ve-n                  | arned cor  | porat                                     | on submits this statement for the pur |              |              | egistered offi |
| familiar v<br>SIGNATURE                  |                           |                         |   |                        |             |                       |            |   |                                       |              |              | agent. ran     |
| 12.                                      |                           | OFFICERS AND DIRECTORS  |   |                        |             |                       |            | · <u></u>                                 |                                       |              |              | RS IN 12       |
| TITLE                                    | PTD                       |                         |   | ☐ DELETE               |             |                       | 1. 1 TITLE |   |                                       |              | ☐ Change     | Addition       |
| NAME                                     |                           | CHE, KENNETH B          |   |                        | 1.2 N       | AME                   | -          |   |                                       |              |              |                |
| STREET ADDRESS                           |                           | 40TH TERRACE SW         | l   |                        | 1.3 \$      | TREET                 | ADDRESS    |   |                                       |              |              |                |
| CITY-ST-ZIP                              | NAPLE<br>VSD              | 5 rL                    |   | DEFETE                 |             | TY - S1               | T- ZIP     |   |                                       |              |              | for these      |
| NAME                                     |                           | CHE, DEBRA A            |   | ☐ DELETE               | 2 1 T       |                       |            |   |                                       |              | ☐ Change     | Addition       |
| STREET ADDRESS                           |                           | : 40TH TERRACE SW       | ı   |                        | 2.2 N       |                       | ADDRESS    |   |                                       |              |              |                |
| CHY-ST-ZIP                               | NAPLE                     |                         |   |                        |             | IKEE I .<br>ITY - \$1 | ŀ          |   |                                       |              |              |                |
| TITLE                                    | - 74 71 100               |                         |   | DELETE                 | 3 17        |                       | 1-71       |   |                                       |              | [ ] Change   | Addition       |
| NAME                                     |                           |                         |   | <del>-</del>           | 3.2 N       |                       |            |   |                                       |              | P-1 5 92     |                |
| STREET ADDRESS                           |                           |                         |   |                        |             |                       | ADDRESS    |   |                                       |              |              |                |
| CITY - ST - ZIP                          |                           |                         |   |                        |             | ITY - \$1             |            |   |                                       |              |              |                |
| TITLE                                    | 1                         |                         |   | ☐ DELETE               | 4.11        | ITLE                  |            |   |                                       |              | Change       | Addition       |
| NAMÉ                                     |                           |                         |   |                        | 4.2 N       | AME                   |            |   |                                       |              |              |                |
| STREET ADDRESS                           | ;                         |                         |   |                        | 4.3 S       | TREET.                | ADDRESS    |   |                                       |              |              |                |
| CITY - ST - ZIP                          |                           |                         |   |                        | 4.4 C       | TY-\$1                | 1 - ZIP    |   |                                       |              |              |                |
| TITLE                                    |                           |                         |   | ☐ DELETE               | 5 1 1       |                       |            |   |                                       |              | Change       | ☐ Addition     |
| NAME                                     |                           |                         |   |                        | 5.2 N       |                       |            |   |                                       |              |              |                |
| STREET ADDRESS                           |                           |                         |   |                        | 538         | TREET.                | ADDRESS    |   |                                       |              |              |                |
| CITY - ST - ZIP                          |                           |                         |   | PT DELETE              |             | TY - \$1              | 1-ZIP      |   |                                       |              | ·            | <b>—</b>       |
| TIFLE                                    |                           |                         |   | DEFELE                 | 6 1 1       |                       |            |   |                                       |              | Change       | ☐ Addition     |
| NAME                                     |                           |                         |   |                        | 62 N        |                       |            |   |                                       |              |              |                |
| STREET ADORESS<br>CITY - ST- ZIP         | ·                         |                         |   |                        |             | TREET.                | ADDRESS    |   |                                       |              |              |                |
|  |                           |                         |   |                        |             |                       |            |   |                                       |              |              |                |

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. MING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #