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

rincipal Place of Business	Mailing Address	
2541 JAMES RD. NAPLES FL 33961	2541 JAMES RD. NAPLES FL 33961	



NAPLES FL			NAPLES FL 33961								
								3. Date Incorporated or Qualified 10/15/1993	3a. Date 04		t Report 1995
2. Principal P	Place of Business		2a. Mailing Address 26					4. FEI Number 65-0444742			Applied For Not Applicable
Suite, Art.	. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional se Required
City & Sta	ite		City & State					Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees
Zφ		Country	Zip		untry			8. This corporation has liability for		c unde	rs 199.032,
24	25		29	30				Florida Statutes Yes 10. Name and Address of New F	□ No	nent	
	9. Name and	d Address of Curr	ent Registered Agent		81	_ N	lame	IO. Maine and Address of New P	egistered e	.gon.	
MODA	LES, ERIC										
	JAMES RD.				82	S	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
	ES FL 33961				83	-					1
,,,,,,,,,					-	_	216			65	Zip Code
					84		City		FL	85	Zip Gode
familiar v SIGNATURIE		ne obligations of, Se	oction 607.0505, Florida Statute		ed Ager	nt sig	gnature required	when reinstating)	DATE		
12.			IND DIRECTORS	13				ADDITIONS/CHANGES TO OFF			
TITLE	D	TO 10	☐ DELETE	1. 1	TITLE				Ĺ] Char	ige 🔲 Addition
NAME	MORALES				NAME		Ī				
STREET ADDRESS	2541 JAM NAPLES F				STREET						
CITY-ST-ZIP THUE	NAT LEG Y	F 20201	☐ DELETE		CITY-S TITLE	51-2	(P			Char	ige Addition
NAME			F3 sec.12		NAME				_	_	
STREET ADORESS	S			23	STREET	r ADI	ORESS				
CITY-S1-ZIP				2.4	CITY-S	\$1 - Z	?IP				
TITLE			DELETE		TITLE				L] Cha	nge 🔲 Addition
NAME					NAME	.					
STREET ADDRESS	S				STREE CITY - S		ODRESS				
CHY-ST-ZIP TITLE			DELETE		TITLE	31-2	(IF			Cha	nge 🔲 Addition
NAME			_	4.2	NAME						
STREET ADDRESS	s			43	STREET	T A D	DRESS				
CITY-ST-ZIP					CITY-S		ZIP			- -	53 A448
THLE			☐ DEFEIE		TITLE				L] Cha	nge 🔲 Addition
NAME					NAME		ADD COC				
STREET ADDRESS	S				STREET CITY-S		i				
CITY-ST-ZIP			☐ DELETE		TITLE		E III			Cha	nge 🔲 Addition
NAME					NAME						
STREET ADDRESS	s			6.3	STREE	T AD	DRESS				
CITY-ST-ZIP				6.4	CITY-	S1-	ZIP				tot doe it distant

14. Ido hereby certify that the information supplied with his 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 change it, or direct an attachment with an address.

SIGNATURE:

O NAME OF SIGNING OFFICER OR DIRECTOR

4-19-56 (941) 566-1616