FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED			
PROFIT CORPORATION				FLORIDA DEPAR Sandra E			Apr 16 1998 8:00am			
		JAL REPORT <b>1998</b>	T.S.	Secreta DIVISION OF (	•		Secreta	ry of S	State	
D		MENT # P9300	00776	651 (6)						
	,	UARY DEVELOPMENT PRO		× 7	ЛС					
Principal Place of Business Mailing Address 1149 PERIMINKLE WAY 1149 PERIMINKLE WAY							( 100(100) 100 10100 (0011 0011) 0011	I CUILI IULII IVUUU ULIUI	Balat 1161 1861	
		NID FL 33957		SANIBEL ISLAND FL 33957			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			ך
2	rinoinal P	lace of Business	2. Mail	ing Address			11/04/1993		Applied For	4
21			26	ing Addibaa			65-0448270		Not Applicable	-
	uite, Apt.	#, etc	27 Suite	e, Apt. #, etc.			<ol> <li>Certificate of Status Desired</li> </ol>		5 Additional Required	
	City & State	Ð	City & State				<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.0	0 May Be	-
Z	lip.	Country	Zip			untry	8. This corporation owes or has pai	d the current year	Intangible	1
24		25 9. Name and Address of Curre	29 nt Registered	Agent	30	1 .	Personal Property Tax due June 10. Name and Address of New Reg		No No	4
	NA	umann, john j				81 Name				1
	114	19 PERIŴINKLE WAY				82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		-
	SA	NIBEL ISLAND FL 33957				83	· · · · · · · · · · · · · · · · · · ·			-
										4
						84 City			ip Code	
11.	Pursuant f office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.15 a of Florida. Su pations of, Sec	08, Florida Statut uch change was a tion 607.0505, Flo	es, the authorizarida St	above-named corp ad by the corpora atutes.	poration submits this statement for the pution's board of directors. I hereby acception	urpose of changing t the appointment	y its registered as registered	]
	NATURE	Signature, typed or printed name of registered ag				ed Agent eignature requi		DATE		
12.		OFFICERS AN			13		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	E034 (10/97)
TITLE		PD		DELETE		INTLE		Chang	e 🗌 Addition	]£
NAME	T ADDRESS	NAUMANN, JOHN J %1149 PERIWINKLE WAY				NAME				8
·	ST-ZIP	SANIBEL ISLAND FL				STREET ADDRESS CITY - ST - ZIP				Ш Д Ц
TITLE		CEOD		DELETE		INTLE		Chang	e 🗌 Addition	10
NAME		MILTON, JEFFREY J				NAME				
	T ADDRESS ST-ZIP	11108 S GLEN ROAD POTOMAC MD				STREET ADDRESS CITY+ST+ZIP				
TITLE	51° 21	ST		DELETE	_			Chang	e 🗌 Addition	1
NAME		KAPFER, GREGORY M.				AME				
	T ADDRESS	8459 CLOVER LEAF DR MCLEAN VA				STREET ADDRESS				
TITLE	ST-ZIP			DELETE		CITY+ST-ZIP	······	Chang	e 🗌 Addition	1
NAME					4. 2	NAME				
· ·	T ADDRESS					STREET ADDRESS				
CITY - TITLE	ST-ZIP			DELETE		DITY - ST - ZIP HTLE	· · · ·	Chang	e Addition	4
NAME				·····		NAME			••••	
1	T ADDRESS				5.3	STREET ADDRESS				
CITY - TITLE	ST-ZIP			DELETE		CITY - ST - ZIP		Chang	e Addition	4
NAME						NAME				
STREE	T ADDRESS				6.3	STREET ADDRESS				
	ST-ZIP	partify that the information supplied -	with this filing a	has not qualify &		CITY-ST-ZIP	Section 119 07(3)(i) Elorida Statutos 11	urther certify that t	the information	-
,	indicated officer or i	on this annual report or supplement director of the corporation or the rec	al annual repo	e empowered to	execute	this report as req	Section 119.07(3)(i), Florida Statutes. I f ire shall have the same legal effect as if uired by Chapter 607, Florida Statutes; a	made under oath; and that my name	that I am an appears in	
								229-77.		