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

**PROFIT** CORPORATION ANNUAL REPORT



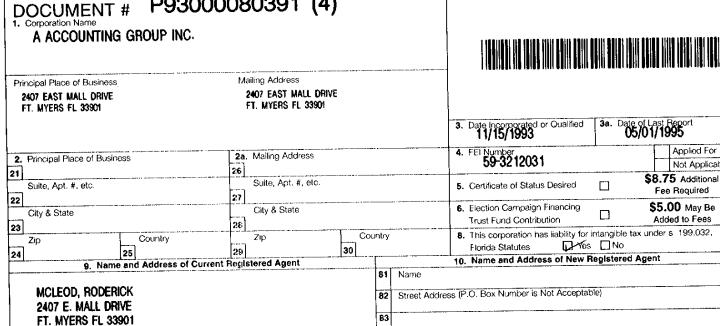
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000080391 (4)



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 307.0505, Florida Statutes.

84 City

SIGNATURE _	ignature, typed or printed name of registered agent and total applicable	(NOTE: Registered Agent signature re	equired when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	dilion
TITLE	Delete	1. 1 TITLE		MION
NAME	MCLEOD, RODERICK	1.2 NAME		
STREET ADDRESS	2407 EAST MALL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 City - ST - ZIF	Change F7 Ada	dilion
TITLE	DELETE	2 1 TITLE	P. Change 🛛 Ado	ווטווע
NAME		2 2 NAME	MARTHA BONHAM	
STREET ADDRESS		2.3 STREET ADDRESS	MARTHA BONHAM  2409 FAST MALL DOL  FT MYFRS, 1=1 3350/  VICE - PRESIDENT Change X Add	
CITY-ST-2IP		2.4 C/TY - ST - ZIP	1-1- my 1-125, 1-1 33101	dition
TITLE	DELETS	3 1 TITLE	VICE - PRESIDENT Change X Add	UNION
NAME		3.2 NAME	Louis SALI 2407 FACT MALL DR	
STREET ADDRESS		3.3 STREET ADDRESS	2407 FACT FL 33511	
CITY - ST - ZIP		3 4 C(TY - ST - Z(P	FT MUERS, FL 33901	alition.
TITLE	DELET	E 4 1 1/1LE	☐ Change 💆 Ad-	annon
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		dition
TITLE	DELET	E 5 1 TITLE	Change Ad	JURBUT
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-S1-ZIP		5.4 CITY-ST-ZIP		243500
TITLE	DELET	É 61TITLE	Change Ad	ddition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6 4 City-S1-ZIP	life for the exemption stated in Section 119 07(3)(k) Florida Statutes, I fur	dbor

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)(b). 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 cath; 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.

SIGNATURE:

TORE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. -/- 96 Date

Applied For

Fee Required

Added to Fees

Zip Code

85

Not Applicable