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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROPORO184 (1)

FILED May 14 1997 8:00am Secretary of State

Principa. Place of Business 1415 HENDRY ST. FORT MYERS FL 33901 1. Corporation Name Mailing Address 1415 HENDRY ST. FORT MYERS FL 33901-2820			920						
					3. Date Incorporated or Qualified 12/01/1993		ite of Last F)1/1996	Report	
	Place of Business	28. Mailing Address			4. FEI Number 65-0477627		├	pplied For	
Suite, Apit	#, etc	Suite, Apt. #, etc.						ot Applicable Additional	
22		27			5. Certificate of Status Desired		Fee R	equired	
City & Stat	ate	City & State			6. Election Campaign Financing			May Be	
23 Zip	Country	[28] Z ₁ D	Countr	y	Trust Fund Contribution 8. This corporation has liability for			to Fees	
24	25	29	30		Florida Statutes	Yes [No	3. 100.00E,	
	9. Name and Address of Curr	ent Registered Agent	81	T 77	10. Name and Address of New Ro	egistered A	Agent		
	vies, Christopher N 5 Hendry St.								
	RT MYERS FL 33901		62	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
			83	,	THE THE PERSON NAMED IN TH				
			84	City		FL	85 Zip	Code	
11. Pursuant office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607 1508, Florida Statute of Florida, Such change was	utes, the abov	e-named corp	poration submits this statement for the		changing i	its registered	
agent La	am familiar with, and accept the obli	igations of, Section 607.0505, F	Florida Statute	y the corpora is.	ation's board of directors. I hereby acce	pt the app	Official Ba	s registered	
agent La SiGNATURE	am familiar with, and accept the obl-				ation's board of directors. I hereby acce	DATE	on to fort de		
	Signature, typict or printed name of repistered a OFF ICERS A	agent and tele if applicable INC				DATE	DIRECTO	RS IN 12	
S'GNATURE 12. FILE	Signature, typind or printed name of orge-weed a OFF ICERS A	agent and tele if applicable INC	OTE: Registered Ag 13. 1.1 TITLE	gent signature requ	uired when reinslaling)	DATE			
SIGNATURE 12. DILE NAME	Styrature, typical or printed name of organical OFFICERS A COUCH, RICHARD G	agent and tele if applicable INC	TE Registered Ag 13. 1.1 TITLE 12 NAME	gent signature requ	uired when reinslaling)	DATE	DIRECTO	RS IN 12	
SIGNATURE 12. FILE NAME STREET ADDRESS	Signature, typical or printed name of repowered a OFFICERS A COUCH, RICHARD G 2180 WEST FIRST ST.	agent and tele if applicable INC	13. 1.1 TITLE 12 NAME 13 STREE	gent signature requi	uired when reinslaling)	DATE	DIRECTO	RS IN 12	
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I do hereby certify that the information suppliantormation indicated on this annual report of Lam an officer or director of the corporation appears in Black 12 or Block 13 if change in the corporation of the corporation in Black 12 or Block 13 if change in Black 1 not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the apport is true and accurate and that my signature shall have the same legal effect as if made under oath, that se empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: