## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

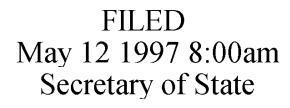
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000084352 (2)

SNOW BIRD OF CAPE CORAL CORPORATION

Principal Place of Business	Mailing Address
1318 LAFAYETTE ST. CAPE CORAL FL 33904	1318 LAFAYETTE ST. CAPE CORAL FL 33904-9770
2. Principal Place of Business	2a. Mailing Address





						12/02/1993		5/10/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		[A	pplied For			
21		26			65-0450767		Not Applicable				
22 27		<u></u> 1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added	to Fees		
Zip				intry	6. This corporation has hability for initialigible liak bire				. 199 032,		
24	25   29   30   9. Name and Address of Current Registered Agent					Florida Statutes Yes X No					
		ent Hegistered Agent		B1	I	10. Name and Address of New Regi	stered Age	nt			
HILL, THOMAS W 1318 LAFAYETTE ST. CAPE CORAL FL 33904			B1 Name								
			82 Street Address (P.O. Box Number is Not Acceptable)								
			B3	3							
				В4	City	City FL 85 Zip Code					
11 Discussed	to the provisions of Continue 507.0	FO2 and CO2 1500 Florida	Statutos the st	L	L Damadaa	rporation submits this statement for the pur		100000	lo registere		
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such chang	e was authorized	d by	v the corpora	ation's board of directors. I hereby accept	the appoint	ment as	registered		
SIGNATURE	,	0 1 11 11, 1200001, 201101									
	Signature, typed or printed name of registered			d Age	ent signature req	urred when re-installing)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE					
TITLE	STO	[_] DELI			-		لسا	Change	Additio		
NAME	HILL, THOMAS W		121								
STREET ADDRESS	1318 LAFAYETTE ST.		1.8 \$1	IREET	ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP					r :		
TITLE	☐ DELETE			21 1HLE			LJ	Change	■ Additio		
NAME			28 NA		-						
STREET ADDRESS			2.8 \$1	IREFT	ADDRESS						
CITY-ST-ZIP	P. 1855				S1 - ZIP	<u></u>					
TITLE	L_J DELETE 3			TLE			Ш	Change	Additio		
NAME			3.2 NA								
STREET ADDRESS			3.8 SI	REET	ADDRESS						
CITY-ST-ZIP					ST - ZIP		<del></del>				
TITLE		☐ DELU	TE 4.1 11	TLE			LJ	Change	Additio		
NAME			4. 2 N	IAME							
STREET ADDRESS			4.8 ST	RELT	ADORESS						
CITY-ST-ZIP		· . · . · . · · · · · · · · · · · · · ·			31 - 21P						
TITLE		☐ DEL	5.1 TO	TLE			اا	Change	Additio		
NAME			5.8 NA	AME							
STREET ADDRESS			5.8 ST	TREET	ADDRESS						
CITY-ST-ZIP				ITY-S	ST - 21P						
TITLE		☐ DELI	TE 6.4 TO	1LF				Change	Additio		
NAME			6.2 N/	AME	ŀ						
STREET ADDRESS	}		6.8 S1	IRECT	ADDRESS						
CITY-ST-ZIP			6.4 CI	ITY - S	S1-ZIP						

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the ocroporation 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.