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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

State Corporate Court Surrier		MENT # P94000	• •					
2. Principal Place of Business 2s. Maining Ardress 4. FEI Number Applied Fot 21 26 30 30 30 30 30 30 30 3	8314 CORPORATE COURT SUITE E FT. MYERS FL 33919		6314 CORPORATE COURT SUITE E FT. MYERS FL 33919		DO NOT WRITE IN THIS SPACE			
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Zip Country Zip	L		r			·		
28 25 28 30 Personal Property Tax Que June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent YORSKI, JAMES R 6314 CORPORATE COURT SUTTEE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Societies CO7 (Co27 and GO7 1506 Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered segent I am familiar with, and accept the obligations of, Societies Statutes, the above-named corporation's board of directors. Thereby accept the appointment are registered segent I am familiar with, and accept the obligations of, Societies Statutes, the above-named corporation's board of directors. Thereby accept the appointment are registered segent I am familiar with, and accept the obligations of, Societies Statutes, the above-named corporation's board of directors. Thereby accept the appointment are registered segent and societies of the purpose of changing its registered segent and societies statutes of applications. (POT, fingularizations). SIGNATURE SQUARE TO PROVIDE STATUTE Statute of the purpose of changing its registered segent required when sentiatings. DATE 12. OF LICE ES AND DIFFIC CLORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFICTORS IN 12. TITLE DO DELETE 11 THE YORSKI, JAMES R 1508 FRANCIS STREET 1508 FRA		Country						
YORSKI, JAMES R 8314 CORPORATE COURT SUITE E FT. MYERS FL 33919 83 Sirvert Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Sincet Address (P.O. Box Number is Not Acceptable) 87 88 Sirvert Address (P.O. Box Number is Not Acceptable) 88 Sirvert Address (P.O. Box Number is Not Acceptable) 89 80 81 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered spont. I an invalid accept the originations of Section 607 0505, Florida Statutos 80 SIGNATURE Superior fineter predict originations of sections of Section 607 0505, Florida Statutos 90 91 92 97 97 97 97 97 97 97 97 97	24	h h h		30		Personal Property Tax due June 30.	Yes [
B2 Street Address (P.O. Box Number is Not Acceptable) SUITE E FT. MYERS FL 33919 B4 City FL B8 Zip Code 11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Kinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and decept the obligations of, Soction 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and decept the obligations of, Soction 607.05.05. Florida Statutes, SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 11. TITLE OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. N. FORT MYERS FL 33903 11. OUT -SI-ZP ITILE OFFICERS AND DIRECTORS IN 12 12. TITLE OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. N. FORT MYERS FL 33903 14. OUT -SI-ZP ITILE OFFICERS AND DIRECTORS IN 12 21. TITLE OFFICERS AND DIRECTORS IN 12 22. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. N. FORT MYERS FL 33903 14. OUT -SI-ZP TITLE OFFICERS AND DIRECTORS IN 12 23. SIRRET ADDRESS CITY -SI-ZP TITLE OFFICERS AND DIRECTORS IN 12 24. CITY -SI-ZP TITLE OFFICERS AND DIRECTORS IN 12 14. OUT -SI-ZP TITLE OFFICERS AND DIRECTORS IN 12 15. TITLE OFFICERS AND DIRECTORS IN 12 16. TITLE OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						10. Name and Address of New Registered	Agent	
SUITE E FT. MYERS FL 33919 84 City FL				81	Name			Ì
FT. MYERS FL 33919 84 City 84 City FL 85 Zip Code 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 list registered agent. I can familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIP CODE SIP				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
### City ### Decisions of Sections 607.05.02 and 607.15.06, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 and accept the obligations of, Section 607.05.06, Florida Statutes. SIGNATURE **Tax.** OF Incident in the Applicable*** **OF INCIDENT ADDITIONS** **Tax.** OF INCIDENT ADDITIONS** **Tax.** OF INCIDENT ADDITIONS** **Tax.** OF INCIDENT ADDITIONS** **Tax.** OF INCIDENT ADDITIONS** **Tax.** ADDITION				23				
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11. Pursuant to the provisions of Sections 607 0505 and 007 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing the registered office or registered again, or both, in the State of Efroida. Such change was submits raised by the corporation's board of directors. I hereby accept the appointment as registered again to an internal submits with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature Medical production of improved again and take if airchitective (NOTE Registered Again alignature required when rendating) DATE				84	City	EI	65 Zip	Code
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14. Thereby 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 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 13 if changed, or on an attachment with an address

SIGNATURE:

2-3-98 (941) 433-51

FILED

Mar 16 1998 8:00am

Secretary of State