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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

CHARLES P. ERICKSON, P.A. Principal Place of Business 4001 TAMIAMI TR N SUITE 250 NAPLES FL 33940 US 2. Principal Place of Business 21 22 23 24 25 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 29 30 9. Name and Address of Current Registered Agent ERICKSON, CHARLES P 4001 TAMIAMI TRAIL N SUITE 250 NAPLES FL 33940 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boar familiar with, and accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registered Agent agent signature require	3a. Date of Last Report 03/10/1994 4. FEI Number 65-0470105 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent FL 85 Zip Code ation submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am 4-26-96
4001 TAMIAMI TR N SUITE 250 NAPLES FL 33940 US 2. Principal Place of Business 28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. City & State 23. Zip 24. Country 25. 29. 30 26. Suite, Apt. #, etc. 27. Country 28. Suite, Apt. #, etc. 29. Zip 29. Country 20. State 29. State 20. Country 20. Country 21. Principal Place of Business 28. Mailing Address 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. City & State 20. State 21. City & State 22. State 23. Zip 24. Country 25. Street Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Street Address 20. Naples FL 33940 20. Street Address 20. Street Address 20. Street Address 21. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boat familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 20. SIGNATURE	3. Date Incorporated or Qualified 03/10/1994 08/17/1995 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Feu Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent FL 85 Zip Code ation submits this statement for the purpose of changing its registered officer of of directors. I hereby accept the appointment as registered agent. I am
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	d when reinstating) DA1E
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME ERICKSON, CHARLES P 1.2 NAME	
STREET ADDRESS 4001 TAMIAMI TRAIL N 1.3 STREET ADDRESS NAPLES FL 14 CITY-ST-7IP	
1.4.0TY-ST-ZIP	Change Addition
NAME 22 NAME	<u> </u>
STHEET ADDRESS 23 STREET ADDRESS	
CHY-ST-ZIP 24 CITY-ST-ZIP	
TITLE DELETE 3 1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY - ST - 7IP	☐ Chance ☐ Addition
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SIREFI ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5 1 TITLE	Change Addition
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C-TY-ST-ZIP 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DELETE 6 1 TITLE	☐ outside ☐ Manuful
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	
2.67.0	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify certify that the information indicated on this annual report or supplemental annual report is true and accur	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

CR2E034 (12/95)

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