SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000020093 (8)

FILED Sep 22 1997 8:00am Secretary of State

Principal Place of Business Principal Place of Business 1266 US 41 BYPASS #103 VENICE FL 34292 US Address 20 CIRCLEWOODS DR #B VENICE FL 34293				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
••				 Date incorporated or Qualified 03/11/1994 	3 3a. Date of t 12/30/19	·
	Place of Business	2a. Mailing Address		4. FEI Number	16/00/18	Applied For
21 20 Circlewood DR		26		A = 0.45.0.4.		Not Applicable
Suite, Apt. #, etc. 22 # 6		Suite, Apt. #, etc		5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State		6. Election Campaign Financing	\$5	5.00 May Be
23 Veni	CE FLORIDA Country	28	Country	Trust Fund Contribution		dded to Fees
24 3H29		⊢ ¬ ' ⊢	Country 30	8. This corporation owes or has Personal Property Tax due Jui		
24 01 001	9. Name and Address of Currer		30]	10. Name and Address of New I		
MA'	THEWS, DONALD E		81 Name			
	CIRCLEWOODS DR #B NICE FL 34293		82 Street Add	ress (P.O. Box Number is Not Accept	able)	
			84 City		FL 65	Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with and accept the oblig	ا حرود)onald €. Mi	ATHEWS		ging its registered int as registered
12.	Signature, typed or primted hank of registered ago OFFICERS AN		Registered Agent signature requirements	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTODS IN 46
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	Chi	
NAME	MATHEWS, DONALD E		1.2 NAME			
STREET ADDRESS	20 CIRCLEWOODS DR #B	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL		1.4 CITY - ST - ZIP			
TITLE	VP	DELETE	2.1 TITLE		☐ Ch	ange Addition
NAME	MATHEWS, MICHAEL M		2.2 NAME			
STREET ADDRESS	20 CIRCLEWOODS DR. #8 VENICE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST ST	D SCIETE	2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	MATHEWS, PAMELA E	DELETE	3 1 THILF		L Cha	ange
NAME Street Address	20 CIRCLEWOODS DR #B		3 2 NAME			
CITY-ST-ZIP	VENICE FL		3 3 STREET ADDRESS			
TITLE	D	DELETE	3.4. CITY - ST - ZIP 4.1 Title		☐ Cha	ange Addition
NAME	JOHNSON, MONICA		4. 2 NAME			ango [] Addition
STREET ADDRESS	20 CIRCLEWOODS DR. #B		4.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL		4.4 CITY-S1-ZIP			
TITLE	D	DELETE	5 1 TITLE		Cha	ange Addition
NAME	ALLEN, MELISSA M		5.2 NAME	•	_	
STREET ADDRESS	20 CIRCLEWOODS DR #8		5.3 STREET ADDRESS			Ì
CITY-ST-ZIP	VENICE FL		54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Cha	ange Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CRY-SI-ZIP			

14. 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 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 12 or Block 13 if changed or on an attachment with an address.