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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P94000020216** (5)

## FILED Apr 11 1997 8:00am Secretary of State

Principal Place	D AVENUE	Mailing Address 2479 KIRKWOOD AVENUE		- e- <del> </del>		
NAPLES FL 339	162	NAPLES FL 34112-4755				
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1996
2. Principal Pt	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 85-0475954 Not Applied be
Suite. Apt	Suite, Apt. #, etc.	iite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
City & State	City & State				Fee Required	
City & State City & State 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032.
24 341	9. Name and Address of Current		30	Τ		Florida Statutes Yes YNo  10. Name and Address of New Registered Agent
SCHI	REDNITZ, MARTIN	neglatered Agent		81 1	Vame	10. Haire Bird Address of How Registered Agent
	KIRKWOOD AVENUE			62	Steent Addr	ess (P.O. Box Number is Not Acceptable)
	LES FL 33962			[62]	Street Addre	ess (P.O. Box Number is Not Acceptable)
				83		
				84 (	Sity	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-n	amed corp	· — , ,
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 its registered 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. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature: typed or printed name of registered age:  OFFICERS AND	·	Registere	d Agent	signature require	ed when reinstating)  DATE  ADDITIONS (CHANGES TO OFFICERS AND DIPS OFFICERS IN 10
101(F	D OFFICERS AND	DELETE	1.1 T	ITLE	7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	SCHREDNITZ, MARTIN		1.2 N	IAME		• I '
STREET AUDRESS	1227 11TH STREET NORTH		1.3 S	THE STREET PRODUCTOR		479 KIRKWOOD AVENUE
City-St-ZiP	NAPLES FL 33940	Dorlare	-			1APLES, FL 34112 /
NAME	d Baldwin, Sharon	☐ DELETE	2.1 T 2.2 N		1.0	Change Addition
STREET ACOURTSS	1227 11TH STREET NORTH		1	TREET AD	OBESS 2	479 KIRKWOOD AVENUE
CHTY - ST - ZIP	NAPLES FL 33940		•			APLES, FL 34112
11112		DELETE	3.1 T			Change Addition
NAME			3.2 N	IAME		j
STREET ADDRESS				TREET AD	·	
TITLE		DELETE	3.4. ( 4.1 T	HY-ST-	ZIP	Change Addition
NAME		Land Deperte	4.11		)	Change C Modulon
STREET ADDRESS			1	TREET AD	DRESS	
0/1Y - 57 - 7iP			4.4 C	ITY-S1-7	ZIP	
TITLE		DELETE	5.1 T		T -	Change Addition
NAME			5.2 N			
STREET ADDRESS				TREET AD	1	
City S1-70°		DELETE	5.4 C	ITY-ST-Z	ar	Change Addition
NAME		the second second	6.2 N		(	Village La Houlier
STREET ADDRESS				TREET AD	DRESS	
CHTY-ST-ZiF			1	ITY-ST-Z	l	
14. I do heret	by certify that the information supplied in indicated on this applied report or si	with this filing does not qualiful upplemental enough report is to	y for the	exemp	otion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the

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 occiproration 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.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR

4/8/97 941-591-2

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