## 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 # P94000023764 (1)

## **FILED** May 01 1997 8:00am Secretary of State

Principal Place 2077 LITTLE PIL PUNTA GORDA	& GOLF RESORT PROPER e of Business VES CIR	Mailing Address 2077 LITTLE PINES CIR PUNTA GORDA FL 33955-	1831		
				3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 01/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number 65-0476904	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 Cata & Stat		City & State		O Florido Comercias Financias	Fee Required
City & Stat 23	Ų.	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curre	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
LIAV	MANS, MICHAEL P	III Vedisteled Washi	81 Name	IQ. Harris and Address of New Tre	Storoton vibrat
2315	AARON STREET T CHARLOTTE FL 33952		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
			84 City		FL 85 Zip Code
agent. La SIGNATURE	Single West or printed name of registered by	Was the the	Florida Statutes.  Mich  PIE Registered Age signature requestations.	poration submits this statement for the partion's board of directors. I hereby acceptacel P. Haymans  ADDITIONS/CHANGES TO OFFICE	7/4/7/ DATE / 7/
1/11.1-	DPST	☐ DELETE	11 TITLE		Change Addition
NAME	TUKKER, CORNELIS		1.2 NAME		
STREET ADDRESS	2077 LITTLE PINES CIR PUNTA GORDA FL 33955		1.3 STREET ADDRESS	·	
CITV - ST - ZI <sup>(2)</sup>	FUITIA GORDA FL 03833	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
SIREFI ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		C Driete	2. 4 CiTY-ST-ZIP		Change Addition
THE		☐ DELETE	3.1 TITLE 3.2 NAME		and or original first industrial.
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-7IP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	4.4 GITY - \$1 - 7IP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHY-ST-ZIP			64 C TY - ST - ZIP	ed in Section 119 07(3)(i) Florida Statute	

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 signified, opportunity with 1 Chast P. Happans.