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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra By Morthen:

**FILED** 

Jun 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000031247 (7)

3. Date Proposal of Qualified Success   2.6. Mail ing Address   4. Fit Number   0.2/28/1996   0.2/2	Principal Place of Business  842 SE 9TH ST. CAPE CORAL FL 33990 US	Mailing Address  842 S.E. 9TH ST.  CAPE CORAL FL 33990-3218			
Suite, Apt. #, etc.  Suite, Ap				3. Date Incorporated or Qualified 04/22/1994	<b>3a.</b> Date of Last Report <b>02/26/1996</b>
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<del></del>	<del>-</del>		· ·	)
City & State 22  City & State 25  Country 26  27  Country 30  8. This composition has habitly for infangible lax values or 190 039. Planting from the state of the provision of the state o	<del></del>	Suite, Apt. #, etc.			\$8.75 Additional
Zip   Country   B. This corporation has plability for intamplible has under is 199 032.	City & State	City & State			<b>\$5.00</b> May Be
B. Name and Address of Current Registered Agent  KUNTZ, WILLIAM  842 SE. 97H ST.  CAPE CORAL FL 33990  83  84 City  FL 85 Zip.Code  95 Jip.Code  11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florids Statutes, the above-named composition submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes, the above-named composition submits this statement for the purpose of changing its registered agent in the first and accept they applications of Sections 807.0502 and 607.1508. Florids Statutes, the above-named composition submits this statement for the purpose of changing its registered of segent tall miles agent to miles or registered agent, or both, in the State of Florids Statutes  SIGNATURE  J. D. J.	Zip Country	Zip		8. This corporation has liability for i	intangible tax under s. 199.032,
842 S.E. STH ST. CAPE CORAL FL 33990  83  Sucon Address (P.O. Gov. Numbers. Not Adceptable)  83  64 City  FL 85 Zip.Code 333390  11. Pursuent to the provisions of Sections 607.0502 and 607 1508. Florids Statutos, the above-named corporation submits this statement for the purpose of changing is registered of collectors of the provisions of Sections 607.0502 and 607 1508. Florids Statutos, the above-named corporation submits this statement for the purpose of changing is registered agent. I am phylar with, and accept they proporation accept they appointment as registered agent. I am phylar with, and accept they appointment as registered agent. I am phylar with, and accept they appointment as registered agent. I am phylar with, and accept they appointment as registered agent. I am phylar with, and accept they appointment as registered agent. I am phylar with a p			<u> </u>		
T1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-hanged corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such others was authorized by the Optional of directors) I hereby accept they provision as registered agent, and forget they provide of the purpose of changing its registered agent than finding with and accept they adolgation soft, Secryds 107, Soc. Secryds 10	842 S.E. 9TH ST.		82 Street Ad	AROLYM XUNT3- digss (P.O. Box Number is Not Acceptate	- le)
11. Pursuant to the provisions of Sections 607 (56/2) and 607 (56/	le.			CAPE CORAL FI	leel 7in Code
SIGNATURE  Signature typed or princial open of the general agent and time in professions.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-S1-ZP  TITLE  DELETE  DELETE  2.4 OTY-S1-ZP  TITLE  DELETE  3.5 TITLE  DELETE  3.1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES  CHANGE  CHANGE  CHANGE  ADDITIONS/CHANGES  CH	•		1.1.7		FL   133990
TITLE	SIGNATURE Signature typed or printed name of registered in	MTZ   KE310EN agent and title it applicable. (NOTE	Registered Agent signature reg	June June June	Tray.13/97
NAME				057	
NAME				AROLYN KUNTZ	•
NAME	CITY-ST-ZIP		: 1.4 CITY-ST-ZIP	10 Call (1 339	96.
CRITY-ST-ZIP		DELETE		CHE COMPT OF	Change Addition
TITLE	STREET ADDRESS		2 3 STREET ADDRESS		,
NAME	CITY-ST-ZIP		2. 4 Ci1Y-S1-ZiP		
DELETE	]	DELETE	<b>B</b>		Change Addition
TITLE	STREET ADDRESS		3 3 STREET ADDRESS	•	
NAME					
STREET ADDRESS   43 STREET ADDRESS   44 C/TY-ST-ZIP   44 C/TY-ST-ZIP   5.1 TITLE   Change   Addition   Addit	TITLE	L DELETE	4.1 TATLE		☐ Change ☐ Addition
CITY-ST-ZIP	1				
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STREET ADDRESS   5.3 STREET ADDRESS     5.4 CITY - ST - ZIP	1				change Xoolion
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           CYMETAL ADDRESS         CALMETAL ADDRESS	1		1		
TITLE DELETE 6.1 TITLE Change Addition  NAME 62 NAME  CONSET ADDRESS	1				
NAME  G2 NAME  G3 NAME  G3 NAME		DELETE			Change Addition
CONTEST ADDRESS		- Section			C oversão C Managa

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 chapted, or on an entachment with an address.

pears in Block 12 or process 13 if changed, or on an entachment with an address.