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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045208 (3)

CORKSCREW PARTNERS, INC.

Mailing Address

FILED
Apr 20 1998 8:00am
Secretary of State



% NORTH AMERICAN PROPERTIES OF SOUTH FLA. 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907		% NORTH AMERICAN PROPERTIES OF SOUTH FLA. 12995 S. CLEVELAND AVE SUITE 214 FORT MYERS FL 33907		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
A D 2 - 2 - 4 D 1-		Do Mailing Addrona			06/16/1994 4. FEI Number		T	pplied For
2. Principal Place of Business		2a. Mailing Address					ot Applicable	
21	i ato	Suite, Apt. #, etc.			65-0517005			Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired			equired	
City & State		City & State	• •		8. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the curre	nt year Ir	ntangible
24	25	29	30		Personal Property Tax due Jun			No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered A	gent	
HAF	ELE, DALE G		81	Name				
12995 S. CLEVELAND AVE. SUITE 214			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	RT MYERS FL 33907		83					
			84	City		FI.	85 Zip	Code
					P. L. S. H.		-banaina	ita ragiatarad
11. Pursuant to office or re	o the provisions of Sections 607.050; agistered agent, or both, in the State	of Florida, Such change was	authorized by	the corporate	poration submits this statement for the ion's board of directors. I hereby acceptance	ept the appo	intment a	s registered
agent Larr	n familiar with, and accept the obliga	ations of, Section 607.0505, F	-lorida Statutes	š .				
SIGNATURE _	Signature, typed or ponted name of registered ago							
			TF Recipiered Are	nt pignature require	ed when reinstation)	DATE		
				nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Change	
12. TITLE	OFFICERS AND		13. 1.1 TITLE	nt signature requiré		ICERS AND	_	
12. TITLE NAME	OFFICERS AND DV HAFELE, DALE G	D DIRECTORS DELETE	13. 1.1 YITLE 1.2 NAME			ICERS AND	_	
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14. Ehereby 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 excepted 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 of 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 changes. Or on an autoproper with an appliess.

CIONATURE.

CR2E034 (10/97)