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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPO 1998	ORT.			Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCUI 1. Corporation ELLENE	n Name	# P94 ING CO., IN			2117 23(1) 61		ngu liti l ktille ce	114 Elit IBa)					
Principal Place of Business Mailing Address							·		† HEBLIERI; RED REILL BIBLI E		ALL H ARI III	 	ILU SISS TUDI
6714 WINKLER ROAD 6714 WINKLER ROAD													
FT. MYERS FI	F 33918			FT. MYERS FL	33919			L	DO N	OT WRITE	E IN THIS	SPACE	-
								3	3. Date Incorporated or 0	Jualified			
2. Principal P	face of Busin	ness		2a. Mailing Add	ress				07/20/1994 4. FEI Number			I IA	oplied For
21				26					65-0511745				ot Applicable
Suite, Apt.	#, etc.		-	Suite, Apt. #, etc.					5. Certificate of Status De	estred			Additional equired
City & State	e			City & State					6. Election Campaign Fin	ancing			May Be
23				28					Trust Fund Contributio	-			to Fees
Zip	-	Country	-	Zip	-	Coun	try	. 8	8. This corporation owes				tangible No
24	9. Name	25 and Address o		29 egistered Agent	<u></u>	30		10	Personal Property Tax 0. Name and Address of				31 140 .
NIE	BLER, PAU	LF				1	Name						
1013 S.E. 41ST STREET							32 Street A	Address	(P.O. Box Number is Not	Acceptal	ble)	· · · · · · · · · · · · · · · · · · ·	
COPE CORAL FL 33904							13						
													
84 City											FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													ts registered registered
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent								required wh	en reinstating)		DATE		
12.	<u> </u>	OFFIC	ERS AND D		ELETE	13.	— т		ADDITIONS/CHANGES	TO OFFIC	CERS AN	D DIRECTOR Change	RS IN 12 Addition
TITLE	P NIERI EE	I, LORRAINE N	4		CCCIC	1,1 TITL 1.2 NAM	· 1					Onange	LI Addition
STREET ADDRESS					1,3 STREET ADDRESS								
CITY-ST-ZIP	FT 10/FD0 Ft 44044				1.4 CIT								_
TITLE	VP			□ 0	ELETE	2.1 TITL						☐ Change	Addition
NAME		R, PAUL F				2.2 NAN				,	*****		
STREET ADDRESS CITY-ST-ZIP		.e. 41st stre Oral FL 3390				1	ET ADDRESS Y-ST-ZIP						
TITLE	ON L O	OTTAL 1 E 0030	· · · · · · · · · · · · · · · · · · ·	D	ELETE -	3.1 TITL						☐ Change	Addition
NAME						3.2 NAM	E Í						
STREET ADDRESS						3.3 STR	ET ADDRESS						
CITY - ST - ZIP					C) CTC	_	Y-ST-ZIP					Choose	- Addition
TITLE NAME				ט ב	ELETE	4.1 TITL 4. 2 NAI	i i					L. Change	☐ Addition
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP							-ST-ZIP						
TITLE				□ □	ELETE	5.1 TITL						Change	Addition
NAME						. 5.2 NAN	ſ						
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP TITLE				0.1.0	ELETE	5.4 CITY 6.1 TITL	-ST-ZIP					Change	Addition
NAME						6.2 NAM							
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP						6.4 CITY	-ST-ZIP						

I 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 charged, or on an attachment with an address.

FILED

Jan 29 1998 8:00am