## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation		0055528 (1) RATION CORPORATION		 	DONI BRIBI BYIDI DINI DINI BIBO 1100 1800
Principal Place 922 SE 13TH UNIT B CAPE CORAL	I PL.	Mailing Address 2134 S.W. 44TH TERRAC CAPE CORAL FL 33914	DE		
US	`	个		3. Date incorporated or Qualified 07/27/1994	3a. Date of Last Report 03/09/1995
_	0/ace of Business	2a. Mailing Address		4. FEI Number 65-0511017	Applied For
Suite, Apt.	E, 12th Ave	Suite, Apt. #, etc.		00 0011017	Not Applicable
22	π, <del>δι</del> ο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country lee Co., S. 990 25 U.S. A.	Zip	Country 30	8. This corporation has liability for i	ntangible tax under s 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of					
1633 S.I CAPE Co	TH, SYLVIA E E. 47TH TERRACE ORAL FL 33904  or the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	nd 607.1508, Florida Statutes . Such change was authorized n 607.0505 Florida Statutes	82 Street Ado New- 83 City	Gam-Box Number is Not Acceptable 2134 S.W. 44 1h  Cape Coeal  Oration submits this statement for the purard of directors. I hereby accept the appointment of the purard of directors.	FL 85 Zip Code
SIGNATURE	Sylvia F. Heli	deeth >	The Hel	dueth.	4-20-96
12.	Signature typed or plinted name of registered agent an OFFICERS AND		Registered Agent signature require 13.		O/II.E
TITLE	DPST	DELETE	1. 1 Title	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME STREET ADDRESS CITY - ST - ZIP	HELDRETH, WILLIAM R 2134 S.W. 44TH TERRACE CAPE CORAL FL 33914		1.2 NAME 1.3 STREET ADDRESS		
TITLE		☐ DELĒTE	1.4 CITY-ST-ZIP 2 1 TITLE		Change: Addition
NAME		_	22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
C(1Y - S1 - Z(P		C DECETE	24 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 City-St-ZiP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME STOREL ADDOLOG			5.2 NAME		
STREET ADDRESS CITY+ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
14. I do hereby	certify that the information supplied wit	h this filing is voluntarily furnish	ned and does not qualify i	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes, I further

certify that the information supplied with this annual resport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, I further eath 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 changed or on an attachment with an address.

SIGNATURE:

GNING OFFICER OR DIRECTOR