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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora we any thousand of the

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000057323 (5)

FILED May 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 230 AVIATION DRIVE APLES FL 33942 NAPLES FL 34104				
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		08/02/1994 4. FEI Number	05/01/1996
-	26		65-0507824	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CO 76 Addistress
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	B. This corporation has liability for i	intangible tax under s. 199,032,
24 25 9. Name and Address of Curre	29 Agent	30	Florida Statutes 10. Name and Address of New Re	
	it Godieteren währt	81 Name		
BROWN, DENNIS C			Col crove Jacok Address (P.O. Box Number is Not Acceptate	9
1167 3RD SP SOUTH		82 Street A	Address (P.O. Box Number is Not Acceptab	ole)
•• STE 107		83	1570 Shadowlaw	D BC
NAPLES FL 33940				
.1		84 City	N. 4.	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 15/8. Florida Stat	utes, the above-named	corpora on submits this statement for the o	
office or remintered areast or both in the forms	of Flories Such change was	o pullbarized by the corp	acation's board of disasters. I hereby appar	harateiner se tremtrionne ont tr
onice or registered agent, or both, in the State	ations 10 Transfer of 17 0505	Sauthorizate by the corp	poration's board of directors, I hereby accep	br and appointment as registered
 Pursuant to the provisions of Sections 60 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligen. 	ations in dollar on 107 0505	Florida Statutes	oration's board of directors. I hereby accep	-/20/07
SIGNATURE				5/22/97
SIGNATURE Stor-alune, typed or printed name of registered as		OTE: Registered Agent signature		5/22/97
SIGNATURE Stor-alune, typed or printed name of registered as	N and the it accounts to the investment of the items of t	OTE: Registered Agent signature	required when reinstating)	5/22/97
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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 changed, or or sa attachment with an address.

SIGNATURE:

J Y-24 -9 7(941) 643-1717 Date Caytime Phone ▶