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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400059316 (7)

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 12800 UNIVERSITY DRIVE. SUITE 350 FT. MYERS FL 33907 Mailing Address 12800 UNIVERSITY DRIVE. \$ FT. MYERS FL 33907-5343				TTE 350	
				3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-05 13864	Applied For Not Applicate
Suite, Apt	#, efc	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	to	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees or intangible tax under s. 199.032.
4	9, Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New F	Yes No
WIN	ER, STEVEN I	w unthercoon where	81 Name	IV. Italia and Address of How ?	iofisionen vitani
	00 University Drive, Suite 60 Myers fl 33907	U	82 Street 83 84 City	Address (P.O. Box Number is Not Accept	able)
11. Pursuant office or agent Ta SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig. Signature typed or printed name of registered age.		tes, the above-named authorized by the cor lorida Statutes, TE: Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby acc required when reinstaling)	purpose of changing its registered the appointment as registered DATE
12.	7-m2	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TOLE	D UANDONIO ELAINE	☐ DELETE	1.1 TITLE		Change Additi
NAME STREET ADDRESS	HAWKINS, ELAINE 12800 UNIVERSITY DRIVE, SUI	ITE 350	1.2 NAME 1.3 STREET ADDRESS		
00 Y - ST - 2IP	FT. MYERS FL 33907		1.4 CITY - ST - ZIP		
TITLE	P	DELETE	2.1 TITLE		☐ Change ☐ Additi
NAME	BOGOTT, TIMOTHY		2.2 NAME		
STREET ADDRESS	12800 UNIVERSITY DRIVE, SU	ΠE 350	2.3 STREET ADDRESS		
CITY-S1-ZIP	FT. MYERS FL 33907	T or ere	2.4 CITY-ST-ZIP		T A1 T A1 A1 A1 A1 A1 A1
TITLE	VPS	☐ DELETE	3.5 TITLE		Change Additi
NAME	KRICHBAUM, RICHARD E 12800 UNIVERSITY DRIVE, SU	ITE 950	3 2 NAME		
STREET ADDRESS	FT. MYERS FL 33907	112 000	3.3 STREET ADDRESS		
CDY-SI-ZIF TULE	AS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Additi
N4ME	BROOKS, VIRGINIA S	tud verell	4. 2 NAME		and Change and House
STREFT ADDRESS	12800 UNIVERSITY DRIVE, SU	ITE 350	4.3 STREET ADDRESS		
CITY - ST - 7IP	FT. MYERS FL 33907		4.4 CITY-ST-ZIP)	
MILE	VP	DELETE	5.1 TITLE		Change Additi
NAME	ASP, JOHN		52 NAME		- "
STREET ADDRESS	13000 CAPTIVA ROAD			1	
	ארטוו הזוו זהט עעעעו		5.3 STREET ADDRESS	İ	
CITY - ST - ZiP	CAPTIVA FL				
		DELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Additi
CITY - ST - ZIP TITLE NAME		DELETE	5.4 CITY - ST - ZIP		Change Additi
TITLE NAME	CAPTIVA FL	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Additi
TITLE	CAPTIVA FL	☐ DELETE	6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Additi

I do 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE: