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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000061192** (8)

	N, DEIFIK, LANIER AND ROSS								
Principal Place of Business  2640 GOLDEN GATE PARKWAY SUITE 206 NAPLES FL 33942		Mailing Address  2640 GOLDEN GATE PARKWAY  SUITE 206  NAPLES FL 34105-3203							
						3. Date Incorporated or Qualified 08/16/1994	3a. Date of L 05/01/19		port
	ace of Business	2a. Mailing Address				4. FEI Number		App	plied For
21		26				65-0511629		$\rightarrow$	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T	. <b>/</b> D A ee Red	dditlonal guired
City & State	3	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			o Fees
Zip	Country	Zip	Country			8. This corporation has liability for		der s.	199.032,
24	9. Name and Address of Current R	29 3	0	***		Florida Statutes  10. Name and Address of New Re	Yes No		
LAMI	ER, SUZANNE D	edisteled Whellt	81	Name		10. Name and Address of New Ne	Alaterac what		
	GOLDEN GATE PARKWAY		100	0	A -1 -1	ss (P.O. Box Number is Not Acceptate	-1-1		
	E 206		82	Street	Addres	s (P.O. Box Number is Not Acceptat	ж		
	LES FL 33942		83						
			84	City			FL 85	Zip C	ode
11. Pursuant t	to the provisions of Soetions 607.0502 a	nd 607.1508. Florida Statutes	the above	-named	corpor	ration submits this statement for the r	ourpose of chang	aing its	registered
office or n	to the provisions of Scenons 607.0502 a egistered agent or both in the State of m familiar with, and accept the obligation	Forida. Such change was aut	thorized by	the corp	poration	n's board of directors. I hereby accer	pt the appointme	nt as r	registered
SIGNATURE		X	aa ciaidiss				2/10/9	7	
	Signature, types or printed name of registered agent a			it signature	periuper e	when reinstating)	DATE		
12.	OFFICERS AND D		13.		DIT	ADDITIONS/CHANGES TO OFFIC			S IN 12 Addition
TITLE	dpt Richman, Jr., Kenneth W P.A.	☐ DELETE	1.1 TITLE		DT		X Ch	ange	L Addition
NAME Overes abopting	423 SHARWOOD DRIVE		1.2 NAME	A D D D E Ĉ Ĉ					
SIRFET ADDRESS	NAPLES FL		1.3 STREET						
CITY - ST - ZIP	DS DELETE		1.4 CITY - ST - ZIP 2.1 TITLE <b>D</b>		DP		X Ch	lange	Addition
NAME	LANIER, SUZANNE D	.—	2.2 NAME					·	
STREET ADDRESS	351 WIMBLEDON LANE		2.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL		2. 4 CITY - ST - ZIP			<u> </u>			
TOTLE	DVP	☐ DELETE	3.1 TITLE		DS		X Ch	ange	☐ Addition
NAME	DEIFIK, CELIA ELLEN		3.2 NAME						
STREET ADDRESS	9138 WINTERVIEW DRIVE		3.3 STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL	[ ] priere	3.4. CITY - S	T-ZIP	ļ				TVI Addition
TITLE	Vice President	☐ DELETE	4.1 TITLE				LJ Ch	ange	Addition
NAME	Donald K. Ross, Jr.		4. 2 NAME	. onnita					
STREET ADDRESS	901 Ironwood Court Marco Island, FL 33	037	4.3 STREET						
CITY-ST-ZIP TITLE	marco istanu, ru 33	DELETE	4.4 CITY-ST 5.1 TITLE	- ZIP	<del> </del>		☐ Ch	nanoe	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CHTY-SI-ZIP			5.4 GILY-S						
TITLE		DELETE	6.1 THLE				☐ CF	iange	Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
CITY, ST. 7IP			64 City - St	1 - 71P					

14. 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 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.

**FILED** 

Feb 13 1997 8:00am

Secretary of State