SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	DIVISI	DIVISION OF C	
DOCUMENT #	P94000063673	(5)	

Principal Place of Business Mailing Address

3433 HIBISCUS
NAPLES FL 33942

NAPLES FL 33942



3433 HIBISCUS NAPLES FL 339		3433 HIBISCUS Naples FL 33942			3. Date Incorporated or Oualified 08/29/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0514776	Applied For Not Applicable
Suite, Apt #	# ato	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
2	π, ειι.	27				Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	ntangible tax under s. 199 032,
4	25	29	30		Florida Statutes	Yes No
<u> </u>	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Reg	gistered Agent
FO	STER, JOSEPH SR		8			
	33 HIBISCUS		8	2 Street Add	dress (P.O. Box Number is Not Acceptable	lė)
	PLES FL 33942		8:	3		
			Ĺ			B5 Zip Code
			8	,		₽₽LI
<ol> <li>Pursuant office or r agent. La SIGNATURE</li> </ol>	to the provisions of Sections 607 or registered agent, or both, in the Sta im familiar with, and accept the obli- Signative final appenditures of registered.	igations of Section 607.0505, FI	orida Statute	os.	poration submits this statement for the pi tion's board of directors. I hereby accept	DATE
	Oct Ocoe /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/56

\$ 941-774-1282