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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	NUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCUM 1. Corporation N		00065385 (4	4)				
Principal Place of	f Business	Mailing Address					100 11501 10161 61F6 1001
1402 NE 10TH CAPE CORAL I		1402 NE 10TH TER Cape Coral FL 339	909				
					3. Date incorporated or Qualified 08/30/1994	3a. Date of L 06/02	ast Report 2/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0514569		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				\$	8.75 Additional Fee Required
City & State		City & State	⊢ ' '			1 1	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Cour	ntry	8. This corporation has liability for Florida Statutes Yes	intangible tax un s \square No	ider's 199,032,
27	9. Name and Address of Cur				10. Name and Address of New F	Registered Age	nt
LOWERY, PAMELA S 1402 NE 10TH TER CAPE CORAL FL 33909				81 Name 82 Street Add	iress (P.O. Box Number is Not Acceptat	ble)	
			Ī	84 City		FL 8	5 Zip Code
11. Pursuant to or registered familiar with,	the provisions of Sections 607.0 d agent, or both, in the State of F , and accept the obligations of, S	502 and 607,1508, Florida Statu lorida. Such change was author section 607,0505, Florida Statute	utes, the above rized by the c es.	ve-named corporation's box	oration submits this statement for the pu ard of directors. I hereby accept the app	urpose of changin pointment as regi	ig its registered offic stered agent. I am
SIGNATURE				Agent signature requir		DATE	
12.	gnature, typed or printed name of registered a	AND DIRECTORS	13.	ngoir agriarore requi	ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE NAME	DP LOWERY, PAMELA S	DELETE		TLE \	lice President Robert Robert Jr.		

RECTORS IN 12 hange X Addition CAPE COTAL FL 33909 1402 NE 1018 IEK CAPE CORAL FL 33909 14 City-ST-ZIP CITY - \$1 - ZIP ☐ DELETE 2 1 TITLE TITLE LOWERY, ROBERT 22 NAME NAME 1402 NE 10TH TER 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5 4 CITY - ST - ZIP CITY - S1 - ZIP ☐ Change ☐ Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP

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. 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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEPOR DIRECTOR

4-26-96 941-772-8935

CR2E034