SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT. # P9400069264 (7)

Principal Plac	L RECONSTRUCTION SER	Mailing Address 1705 SERENITY LANE							
SANIBEL FL 33957 US		SANIBEL FL 33957	SANIBEL FL 33957 US			DO NOT WRITE IN THIS SPACE			
		00			3. Date Incorporated or Qualified		ate of Last Re	eport	
					09/19/1994	10	/10/1996		
2. Principal Place of Business 2a. Mailing Add					4. FEI Number			plied For	
11		26		65-0519800		No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A			
City & Stat	0	City & State	City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution				
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible				
24	25 29		30				Yes No		
9, Name and Address of Current Registered Agent				Name	10. Name and Address of New F	egistered	Agent		
	CK, L. RANDALL		81						
	8 SE 17TH AVE., #5		82	Street Add	ress (P.O. Box Number is Not Accept	able)			
CAPE CORAL FL 33990			83						
			84	City		FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the abov	re-named cor	poration submits this statement for the			s registered	
office or r agent. I a SIGNATURE			170.44		poration submits this statement for the tion's board of directors. I hereby acc		ointment as i	registered	
10	Signature, typed or printed name of registered a			jent signature requ	ired when reinstating)	DATE	DIDECTOR	0 151 40	
12. TITLE	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFF	ICENS AN	Change	Addition	
NAME	HIGHSMITH, JOHN H	L. J. WEEL, C.	1.2 NAME				c.cgo		
STREET ADDRESS	1705 SERENITY LANE		1.3 STREET ADDRESS						
CITY-ST-ZIP	SANIBEL FL		1.4 CITY - ST - ZIP						
TITLE	DELETE		2.1 7171.8	51.2"		~	Change	Addition	
NAME	EDWARDS, WILLIAM C		2.2 NAME				•		
STREET ADDRESS	13637 MARQUETTE BLVD.		2.3 STREE						
CITY-ST-ZIP	FT. MYERS FL 33905		2.4 CITY-\$1-ZIP						
TITLE			3.1 TITLE				Change	Addition	
NAME			3.2 NAME	1					
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4 CITY	ST-ZIP					
TITLE			4.1 TITLE	ļ			Change	Addition	
NAME			4.2 NAMI	i					
STREET ADDRESS			1	T ADDRESS					
City-St-ZIP			4.4 C/TY-	ST-ZIP			Change	Addition	
TITLE	□ DELETE		5.1 TITLE	}			☐ Arrange	AUGINION	
NAME PERSONAL ADDRESS			5.2 NAME	ļ					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE	DELETE		5.4 CITY- 6.1 THLE	21. TIP			Change	Addition	
NAME		T Detects	6.2 NAME				violigo		
STREET ADDRESS .				T ADDRESS					
OUTH OF THE	• •		0.5 5 1866	I MUUNCOO					

14. I do hereby certify that the information supplied with this filling 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 appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the dociver or fusion empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 1