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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071139 (7)

SYLVIA M. DAMIANO, P. A.

Principal Place of Business	Mailing Address	
1140 - 7TH STREET S NAPLES FL 20040	1140 - 7TH STREET S NAPLES FL 34102-7334	

FILED Apr 28 1997 8:00am Secretary of State



NAPLES FL 330	10	NAPLES FL 34102-7334						
					3. Date Incorporated or Qualified 09/20/1994	3a. Date of L 08/01/19		
├ ── '	lace of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
21		26			65-0520441		Not Applicable	
Suite, Apt.		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	//0 2- 25	Zip	Country	y	8. This corporation has liability for intangible tax under s. 199.032,			
24 34	9. Name and Address of Current	29 30	0		Florida Statutes 10. Name and Address of New Reg	Yes No		
DAM	IANO, SYLVIA M	Trogratered Agent	81	Name	(D. Name and Address of New Neg	istered Agent		
1140	- 7TH STREET S		L_					
NAP	LES FL 83940- 34/02		82	Street Adi	dress (P.O. Box Number is Not Acceptable	0)		
	- •		83					
			84	City		85	Zip Code	
44 D.	10	The state of the s					'	
l office or re	io the provisions of Sections 607.0502 egistered agent, or both, in the State i m familiar with, and accept the obliga	of Florida. Such change was aut	horized b	v the cornor	rporation submits this statement for the pu ation's board of directors. I hereby accep	rpose of chang t the appointme	jing its registered int as registered	
SIGNATURE	The state of the congression of	10110 01, 00000-1 007.0000, 1 10110	ia olaioie	J.				
	Signature, typed or printed name of registered ager			ent signature req	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.	1	ADDITIONS/CHANGES TO OFFIC		(
TITLE NAME	DAMIANO, SYLVIA M	LJ btttit	13 THILE 1.2 NAME			[] Ch	ange ∐ Addition 3	
STREET ADDRESS	1140 - 7TH STREET S			I ADDRESS				
CITY-ST-ZIP	NAPLES FL 83940 34/10	٠	1.4 CITY-1				Į.	
TITLE		DELETE	2.1 HILE	ST 211	· · · · · · · · · · · · · · · · · · ·	Cha	ange Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	I ADDRESS				
CITY-ST-ZIP			2.4 C/TY-	ST-ZIP				
TITLE		L DELETE	3.1 TILLE			L Cha	ange Addition	
name Street address :			3.2 NAME				ŀ	
CITY-ST-ZIP			3.4. CITY -	I ADDRESS			ļ	
TITLE		☐ DECETE	4.1 TITLE	31-211		☐ Chi	ange Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 \$18EE	ADDRESS			ĺ	
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Ch:	ange Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 S1R5E					
CITY-ST-ZIP TITLE		DELETE	5.4 CHY - ! 6.1 THLE	51 - ZIP		☐ Chi	ange Addition	
NAME		_ otte	6.2 NAME	ļ			ange [_] AUURIUH	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	- 1				

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 truetee 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 attachnique with an address.