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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	VIENT # P940 PRBILT BLOCK COMPAN	00072175 (C	J)	 	
Principal Place	of Business	Mailing Address			111 BENN BENN 1881 1881 1881 1881 BIN 1881
176 BAYVIEW AVE NAPLES FL 33963		176 BAYVIEW AVE NAPLES FL 33963			
				3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	W1444	2a. Mailing Address 26		4. FEI Number 65-0524200	Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
3		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curr	29 29 Apont	30	Florida Statutes Yes 10. Name and Address of New I	s No
	ar manis and made of our	en registered Agent	81 Nar		negistered Agent
HILGEM	AN, RODERICK		82 Stre	et Address (P.O. Box Number is Not Accepta	blat
176 BAYVIÉW AVE NAPLES FL 33963				et Address (F.O. Dox Number is Not Accepta	(Jie)
			83		
			84 City		FL 85 Zip Code
familiar with	of the provisions of seculiaris 607-056 ad agent, or both, in the State of Fight, and accept the obligations of, Se Signature, typed or printed hand of regularist ag	onda Such change was authorization 607.0505, Florida Statutes	ed by the corporation	I corporation submits this statement for the pun's board of directors. I horeby accept the app	urpose of changing its registered office pointment as registered agent. I am
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 : THILE		☐ Change ☐ Addition
NAME	HILGEMAN, RODERICK		1.2 NAME		
STREET ADDRESS	176 BAYVIEW AVE NAPLES FL 33963		13 STREET ADDRES	SS .	
CHTY - ST - ZIP TITLE	NATLES PL 33903	DELETE	14 CITY-ST-Z-P 2 1 TITLE		Change C Addition
NAME		☐ ottent	2 2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRES	22	
City-St-Zip			2 4 CiTY - ST - ZIP		
TITLE		DELETE	3 1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRE	ss	
CITY - ST - ZIP			3.4 CITY ST-ZIF		
TIPLE		□ DELETE	4 FTITLE		Change Maddition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRES	55	
CITY-ST-ZIP Title		DELETE	4.4 CITY - ST - ZIP		Charge C Addition
NAME			5 1 DILE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRES	ec	
DITY-ST-ZIP			5.3 STREET ADDRES	33	
TITLE	······································	☐ D€LE1E	6 1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREE! ADDRESS			6.3 STHEET ADDRES	ss	
CITY - ST - ZIP			6.4 CHY ST-ZIP		
14. I do hereby	certify that the information supplie	d with this filing is voluntarily fun	nished and cloes not d	qualify for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further

GNATURE:

Signature and type or printed and type or printed by signature and type or printed by Chapter And type or printed

SIGNATURE: