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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000076739	(9)	
1 Corporation Name	1 OTOOOOTOTOO	(V)	

DIV INVESTMENT OF INC

FILED Apr 22 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 18551 N. TAMIAMI TRAIL NORTH FT. MYERS FL 33903 NORTH FT. MYERS FL 33903										
						3. Date Incorporated or Qualified 10/19/1994	3a. Date 03/01/		leport	
· ·	ace of Business	2a. Mailing A	ddress			4. FEI Number 65-0547783			oplied For ot Applicable	
Suite, Apl	#, etc	Suite, Ap	t #, etc.			Certificate of Status Desired		\$8.75	ot Applicable Additional equired	
City & State)	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be	
23	Country	28 Zip		Countr		Trust Fund Contribution			to Fees	
Zip 24	Country 25	29		30	У		Yes 🔲	No	199.032	
	9. Name and Address of Curr	ent Registered Age	nt	8	Name	10. Name and Address of New Re	gistered Ag	ent		
1221	er, andrea f Brickell ave. II fl 33131			8: 8:	3	dress (P.O. Box Number is Not Acceptal		85 Zip	Code	
agent La SIGNATURE	m familiar with, and accept the ob- signature typed or protect name of registered	ligations of, Section (agent and lide if applicable IND DIRECTORS	607.0505, Flo	orida Statute	gent signature requ	ation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND D			
NAME STREET ADDRESS CITY+ST+ZIP	KANAVOS, PETER J JR. 18551 N. TAMIAMI TRAIL NORTH FT MYERS FL 33903			1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS					
NAME SIRSELADORESS CITY-S1-ZIP] DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET ADDRESS) Change	Addition	
DITUE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	DELETE	31 TITLE 32 NAME	ET ADDRESS		L	Change	Addition	
TITLE NAME STREET ADORESS			DELETE	4.1 TITLE 4.2 NAM 4.3 STREE	E ET ADDRES\$			Change	Addition	
CHY-ST-Z-P THLE NAME STREET ADDRESS			DELETE	- 1	ET ADDRESS		L	Change	Addition	
CITY-ST-ZIP TITLE NAME STHEET ADORESS CITY-ST-ZIP			DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE			L	Change	Addition	

The indexity that the information supplied with this limit does not equally in the example in Section 119.07(3)(), Plottad Statutes. 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 hame appears in Block 12 or Block 13 if changed, or on an attachment with appears in Block 12 or Block 13 if changed, or on an attachment with appeared to execute this report as required by Chapter 607, Florida Statutes; and that my hame

SIGNATURE:

GNING OFFICER OR DIRECTOR