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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

047 (0)

incipal Place of Business	Mailing Address		
944 COUNTRY CLUB BLVD. SUITE #106 CAPE CORAL FL 33990 US	915 S.W. 34 STREET CAPE CORAL FL 33914		
Principal Place of Business	2a. Mailing Address		
Principal Place of Business	2a. Mailing Address 26		
Principal Place of Business Suite, Apt. #, etc.	⊢ *		
	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
	26 Suite, Apt. #, etc.		
uite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State		

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CAPE CORAL	EL 33990	ORFE OUTRE TE U	J314		
US				3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 04/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1	n '			65-0457279	Not Applicable
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 28			Country	This corporation has lability for intangible tax under s 199.032,	
Zip	Country	Zφ	30		s No
24	9. Name and Address of Curre	29	- 1301 - 1	10. Name and Address of New	
	g. Name and Address of Corre	III negistered Agent	81 Name		
FRAST	WANT D		1.1		
	WAYNE B		82 Street	Address (P.O. Box Number is Not Accepta	able)
	V. 34 STREET		83		
CAPE C	ORAL FL 33914		63		
			84 City		FL 85 Zip Code
				orporation submits this statement for the p	
SIGNATURE .	th, and addept the obligations of Ser	tassi	(NOTE Fa justered Agent signature r	e jured wher redistand)	10/96
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12 Change Addition
TITLE	P	☐ DELETE	1 1 Title		Change Addition
NAME	FROST, WAYNE B		1.2 NAME		
STREET ADDRESS	915 SW 34TH STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL FL		1.4 CITY - ST - ZIP		Change
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST ZIP	<u> </u>		2 4 Cl*Y - S1 - Zl**		Change Addition
TITLE		DELETE	3 1 Till: F		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3, STREET ADDRESS		
CITY-ST-ZIP			3.4 C-TY - S1 - ZIP		Change Addition
TIFLE	1	DELETE	4 1 TITLE		☐ change ☐ Addition
NAMÉ			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CH Y - S1 - 718		Change [7] Addition

6 4 CITY - ST - ZIP 14. If 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 certify 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 changed, or on an attachment with appearance of the corporation of the corporation of 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 changed, or on an attachment with appearance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certifies and that my signature shall have the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if under under certify that the information indicated in the same legal effect as if under under certify that the information indicated in the same legal effect as if under under certify that the information indicated in the same legal effect as if under under certify that the information indicated in the same legal effect as if under under under certify that the information indicated in the same legal effect as if under un CITY-SI-ZIP

5 1 TITLE

5.2 NAME

€ 1 TiTLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS

5 4 CITY - ST - ZIP

TITLE

NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

CR2E034 (12/95)

Addition

☐ Addition

Change

Change