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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Daytimo Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400087526 (7)

FINK & LANE, P.A.

SIGNATURE:

SIGNATURE AND TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business	Mailing Address		T TOURS IN THE POINT DID IN THE STATE OF THE POINT DUTY	NOIDE SUITE INTO 181810 INDIA DELL SOCI
2263 MAIN ST. FORT MYERS FL 33901	2263 MAIN ST. Fort Myers Fl 33901-2	2932		
			 Date Incorporated or Qualified 12/01/1994 	3a. Date of Last Report 03/05/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt #, etc.	- 	65-0540594	Not Applicable
22	27 Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	у Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 25	29	30	Florida Statutes	Yes 🔲 No
······	ess of Current Registered Agent	81 Name	10. Name and Address of New Reg	alstered Agent
FINK, MICHAEL G		81 Name		
1017 BAL ISLE DR.		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
FORT MYERS FL 33919		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sect office or registered agent, or both agent Lam familiar with and according to the contract of the contra	tions 607.0502 and 607.1508, Florida Statu n, in the State of Florida Such change was sept the obligations of. Section 607.0505, F	utes, the above-named cos authorized by the corpo	orporation submits this statement for the paration's board of directors. I hereby accep	urnose of changing its registered
StGNATURE	apt the obligations of occion out occor, i	TORNA SIAINIES.		
Signature, typed or punted name	e of registered agent and title if applicable (NO	OTE: Registered Agent signature rec	· .	DATE
	FFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	☐ DELETE	1,1 TITLE		Change Addition
NAME LANE, JANE R STREET ADDRESS 2263 MAIN ST.		1.2 NAME		
CODY MATERIAL	2004	1.3 STREET ADDRESS		
TITLE D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME FINK, MICHAEL G	_ Decer	2.2 NAME		Li Olidilge Li Addition
STREET ADDRESS 1017 BAL ISLE DR.		2.3 STREET ADDRESS		# ***
C(1Y-ST-ZIP FORT MYERS FL 33		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		*
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STHEET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZIP	Delete	4.4 CITY-ST-ZIP		A
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME FADDUCE		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		D. C. DILE		ו האינות ביין אלוומוואיי ויידו
		E 3 NAME		
STREET ADDRESS I		6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS		
City-St-ZiP	ation supplied with this filing does not qual ual report or supplemental annual report is corporation or the receiver or trustee emporent f changed, or on an apachment with an ad-	6.3 STREET ADDRESS 6.4 City-St-Zip	ted in Section 119.07(3)(i), Florida Statutes	. I further certify that the