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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

14. I do hereby certify that the information indicated on this



Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000087927 (7)

IVIMINAZZ	s and associates, inc.				
Principal Plac	ce of Business	Mailing Address			90191 (8111 18878 8818 11811 EBE   1881
9220 BONITA BEACH RD. SUITÉ 200 BONITA SPRINGS FL 33923		8220 BONITA BEACH RD. SUITE 200 BONITA SPRINGS FL 3413	:5-4231		
				<ol> <li>Date Incorporated or Qualified</li> <li>12/05/1994</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26]		65-0529948	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27		C. Commodic of citator addition	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	F ··· 1	8. This corporation has liability for in	ntangible tax under s. 199.032, ] Yes = [] No
24	9. Name and Address of Curre		[30]	Florida Statutes  10. Name and Address of New Reg	
CHA	IRLES A. MURRAY, P.A.		81 Name		, oto our rigin
1300	3RD ST. SOUTH				
SUITE 302-B			82 Street Addr	ress (P.O. Box Number is Not Acceptabl	le)
	LES FL 33940		83		
			84 City		EI 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statulo of Florida. Such change was pations of, Section 607.0505, Fl	les, the above-named corp authorized by the corporat orida Statules.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered ag		E. Exigistered Agent signature requir		DATE
12.	VD OFFICERS AN	ID DIRECTORS DELETE	13. 14 TITLE	ADDITIONS/CHANGES TO OFFIC	
NAME	O'CONNOR, ROBERT A		·		Change Addition
STREET ADDRESS	159 RICHMOND COURT		1.P NAME		
CITY-ST-ZIP	MARCO ISLAND FL		1.B STREET ADDRESS		
TITLE	PD	DELETE	1.4 C/TY-ST-7/P 2/1 TITLE		Change Addition
NAME	MARAZZI, JOHN C		2.2 NAME		C offenge
STREET ADDRESS	8181 CHATSWORTH COURT		2.8 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2 4 CITY - ST - ZIP		
TITLE		DELFTE	3.1 1111.6		Change Addition
NAME			3.P NAME		
STREET ADDRESS			3.8 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.4 TITLE		Change Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.0 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.8 STHEFF ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-7IP		<u></u>
TITLE		DELFTE	61 TILLE		Change Addition
NAME			6.2 NAME		,
STREET ADDRESS			6 3 STREET ADDRESS		

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upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the only supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name good if on an attachment with an address. 2x Rooil 1907