SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093413 (0)

CAROL E. NELSON, P.A.

Principal Place of Business	Mailing Address					
1308 RIDGE STREET	1308 RIDGE STREET					
NAPLES FL 33940	NAPLES FL 33940					

FILED Jul 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

											01/03/1995			
	2. Principal Place of Business					2a, Mailing Address					4. FÉI Númber	Applied For		
21						26					65:0545885	Not Applicable		
22	Suite, Apt.	, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	City & Stat	te .			City & State						A Florida Occasión Florida			
23					28						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
20	Zip		Country		Zip Coi									
24			25	1	29		30				Personal Property Tax due June 30. Yes No			
- ''	9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
NELSON, CAROL E								81 Name						
1308 RIDGE STREET														
							82 Street Address (P.O. Box Number is Not Acceptable)							
NAPLES FL 33940							83		· · · ·					
								84	City		FL 85 Zip Code			
11	11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Jiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointingnt as registered													
	office or registered eight, or both, in the State of Morida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered													
S I	SIGNATURE SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											//			
12			OFF	CERS AND D	IRECTO	RS	13				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12		
TITL	.E	D DELETE 1.1				1.1 7	ITLE			Change				
NAM	4E	NELSON, CAROL E				1.2 N	1.2 NAME			_ • -				
STR						1.3 S	1.3 STREET ADDRESS							
CIT	Y-ST-ZIP	NAPLES FL 33940				1.4 0	1.4 CITY-ST-ZIP							
TITL	.E					DELETE	2.1 TITLE					Change Addition		
NAM	NAME					2.2 N	AME							
STREET ADDRESS					2.3 S	TREET	ADDRES	s						
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44		125 44 4 44		h: 1 :41 41 1	F.: .			31-2	Let	<u></u>				

hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is upplemental 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 name appears in Block 12 or Block 13 is change, or on an attachment with an address.

NOMATURE.

1/1/9

911-211-5218

2E034 (5/98)