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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093709 (1)

Principal Place of Business Mailing Address 3461 BONITA BAY BLVD SUITE 224 BONITA SPRINGS FL 33923 Mailing Address Mailing Address SUITE 224 SUITE 224 BONITA SPRINGS FL 34134-4378					
				3. Date Incorporated or Qualified 12/27/1994	3s. Date of Last Report 04/12/1996
2. Principal Pi 21	ace of Business	2a. Mailing Address		4. FEI Number 65-0548578	Applied For Not Applicab
Suite, Apt :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
20 34	4/34 Country	28 Zip	Country 30	8. This corporation has liability for	
41 97	9. Name and Address of Curren		130	10. Name and Address of New Re	
3461 SUIT	DNAK, STEPHEN J BONITA BAY BLVD E 224 ITA SPRINGS FL 33923		82 Street Ac 83 84 City	idress (P.O. Box Number is Not Acceptat	FL 85 Zip Code
11. Pursuant i office or n agent. La SIGNATURE 12.	to the provisions of Soctions 607,050; egistered agent, or both, in the State on familiar with, and accept the obligations by the state of printed hards of registered age OFFICERS AND	nt and title if applicable (NO	TE Registered Agent signature re	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	TRUDNAK, STEPHEN J 3461 BONITA BAY BLVD SUITE	224	1.2 NAME 1.3 STREET ADDRESS	D STEPHEN J. TRUDNA BLHG I BON ITA BAY B BON ITA SPRINGS FL	BAND STE 27
CITY - ST-ZIP TITLE NAME STREET ADDRESS	BONITA SPRINGS FL 33923	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	DON MA SPRINGS VL	Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	14,70	☐ Change ☐ Addition
CITY-ST-ZIP Title NAME STREET ADDRESS		☐ DELETE	3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Additi
CIEY+ST-7IP TOTLE NAME STREET ADDRESS		DELEYE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
DTY-ST-ZP THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP		Change Additi

I do 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 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 name appears in Block 12 or Block 13 if chapted. In the accurate and that my name appears in Block 12 or Block 13 if chapted. In the accurate and that my name appears in Block 12 or Block 13 if chapted.

941-495-6464