

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000007595 (8)

1. Corporation Name

H.V. OF SOUTHWEST FLORIDA CORPORATION



Principal Place of Business

Mailing Address

10851 GULF SHORE DRIVE, #1201  
NAPLES FL 33963

10851 GULF SHORE DRIVE, #1201  
NAPLES FL 33963

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 962 Barcarmil Way

22 City & State

27 City & State

23 Zip

Country

28 Naples FL

24

25

29 34108

30

Country

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL, P.A.  
350 FIFTH AVENUE SOUTH  
#200  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Theresa Speer

82 Street Address (P.O. Box Number is Not Acceptable)  
9902 7th St.

83

84

City Naples

FL

85 Zip Code 34108

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 Florida. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Theresa Speer

Signature, typed or printed name of registered agent and firm (if applicable)

(If Office Registered Agent signature required when reinstating)

July 20, 1996

12. OFFICERS AND DIRECTORS

TITLE	PSTD	DELETE
NAME	VIETS, HEIKO	
STREET ADDRESS	10851 GULF SHORE DRIVE, #1201	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Heiko Viets

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heiko Viets

July 20, 1996

941-576-8167

CR2E034 (3/96)