FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000011830 (3)

SUITE 300 NAPLES FL 33940 2. Principal Place of Business 11 Suite, Apt. #, etc. 22 City & State	Suffe 300 NAPLES FL 33940 2a. Mailing Address 26 Suite Apt. #, etc. 27		3. Date incorporated or Qualified 3a. 02/10/1995 4. FEI Number 65-0557067	Date of Last Report Applied For Not Applicable
Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc.		4. FEI Number	Applied For
Suite, Apt. #, etc. 2 City & State	26 Suite, Apt. #, etc.			<u> </u>
Suite, Apt. #, etc. 2 City & State	Suite, Apt. #, etc.			
City & State	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u>"</u>	City & State		6. Election Campaign Financing	\$5.00 May Be
3	28	Country	Trust Fund Contribution 8. This corporation has liability for intang	Added to Fees
Zip Country 25	Ζφ 29	30 Country	Fiorida Statutes 🔀 Yes 🛄 f	No
g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	ered Agent
LOCKER, JOSEPH R JR.		81 Name		
2150 GOODLETTE ROAD		82 Street Add 350 1	tress (P.O. Box Number is Not Acceptable) FIFTH AVENUE SOUTH, STE	200
6TH FLOOR		83		
NAPLES FL 33940		84 City		85 Zip Code
 Pursuant to the provisions of Sections 607 050 or registered agent, or both, in the State of Flo- familiar with, and accept the obligations of, Sec 	50 100 17 00 PM 17 00 TA		nation or hards the statement for the purross	FL of changing its registered office
Signation of the first transfer of the first A OFFICERS A	ND D-RECTORS	1 1 1 1 1 1	ADDITIONS/CHANGES TO OFFICERS P BENJAMIN MASHIAH	S AND DIRECTORS IN 12 Change X Addition
NAME STREET ADDRESS			2375 NORTH TAMIAMI TRAI	L, STE 300
CITY - SI - ZIP			NAPLES, FLORIDA 33940	
TITLE	DELETE	2 1 11(;.)		Change Addition
NAME		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS City-St-Zip		2.4 C TY S1-ZIP		
TITLE	☐ DELETE	3 1 h/tF		Change Maddition
NAME		32 NAME		
STREET ADDRESS CITY - ST - ZIP		3.3 STREE! ADDRESS 3.4 City - St - Zip		
CIT : 51 - 20°	DELETE	4 1 TIFLE	3	Change Addition
TITLE		4.2 NAME		
		ĺ		
NAME STREET ADDRESS		43 STREET ADDRESS		
NAME SIRFET ADDRESS CITY-SI-ZIP	□ DELETE	4.3 STREET ADDRESS 4.4 City - ST - ZiP 5.1 THEE		☐ Change ☐ Addition
NAME SIREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	4.4 CiTY - ST - Zif*		☐ Change ☐ Addition
NAME SIRFET ADDRESS CITY-SI-ZIP TITLE NAME	☐ DELETE	4.4.0.(TY - ST - ZiP 51.TUTLE		Change Addit-or
NAME STREET ADDRESS OITY-SI-ZIP TITLE NAME STREET ADDRESS		4.4 City - S* - Z# 5.1 TILLE 5.2 NAME 5.3 S*RELF ADDRESS 5.4 City - ST. Z#		
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	☐ DELETE	4.4 GHY-ST-Z# 5.1 THLE 5.2 NAME 5.3 STHELF ADDRESS 5.4 CHY-ST-Z# 6.1 THLE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		4.4 City - S* - Z# 5.1 TILLE 5.2 NAME 5.3 S*RELF ADDRESS 5.4 City - ST. Z#		

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaytica Grane #