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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024519 (7)

RICHARD GORMAN & COMPANY, P.A.

FILED Feb 11 1997 8:00am Secretary of State

Principal Place 2614 N TAMIAM SUITE 330 NAPLES FL 339 US	ti TRAIL	2614 N Suite	Mailing Address 2614 N TAMIAMI TRAIL SUITE 330 NAPLES FL 34103-4409 US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1995 03/14/1996				
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Number			Applied For
21		26					65-0571699			lot Applicable
Suite, Apt.	#, etc.	27	iite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	e	Ci	ty & State				6. Election Campaign Financing		\$5.00	May Be
23		28	~~~				Trust Fund Contribution		Addec	to Fees
Zip	Country	Z ₁	p	L Cou	ıntry		8. This corporation has liability for			s. 199.032,
24 <i>34103</i>	3-440925	29		30	, .			Yes [
	9. Name and Address of Cu	irrent Registere	ed Agent				10. Name and Address of New Re	gistered A	gent	
	MAN, RICHARD M				81	Name				
	i n tamiami trail Te 330				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
NAP	LES FL 33940				83					
					84	City			85 Zip	Code
					"	City		FL	65 £1	,000
SIGNATURE		ed agent and life. Far S AND DIRECTO	DRS	13.		nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND		
TITLE	P		DELET E	11T	ITLE				L Change	Addition
NAM:	GORMAN, RICHARD M	F 400		1.2 N	AME					
STREET ADDRESS	2614 N TAMIAMI TRAIL ST	E 330		1.3 \$	TREET	ADORESS				
CHTY - ST - ZIP	NAPLES FL			1.4 0	ITY-S	T- 21P				
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NAME .					NAME	1000000				
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NAME CARRET ADORESE					IAME	ADDOCCO				
STREET ADORESS						ADDRESS				
CITY-ST-ZIP	L			640	ITY-S	1-ZP				

14. I do he eby 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dale Devine Priore *