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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # P95000 LL LAKES MANUFACTURED								1 201 2 148 0 18 101 181	
Principal Place	of Business	Mailing Address	Mailing Address							
·			AVEC DOME							
FORT MYERS			5010 COUNTRY LAKES DRIVE FORT MYERS FL 33905-5110							
		· · · -				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					3.		•	ualified		
Principal Plant	ace of Business	2a. Mailing Address				03/31/1995 4. FEI Number Applied For				
21	ace of Basiness	26			".	65-056			1 1	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional
22		27			5.	Certificate	of Status De	sired 🔲		equired
City & State		Cily & State			6.	Election Ca	ampaign Fina	incing	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Z(p	C	ountry	8.	This corpo	ration owes c	or has paid the c	current year In	tangible
24]	25	[29]	30				roperty Tax o		_	No
	g, Name and Address of Current	Hegistered Agent		81 Name			Address of	New Registere	d Agent	····
KROHN, MITCHELL W					SAM	2				
394 ESTERO BLVD. #406				82 Street	Address (P	O. Box Nu	mber is Not /	Acceptable A	. 1	rive
FT. MYERS- Beach FL- 33931 -				83	901	MEC	rreg	or PAlo	אטן בח	100
				84 City	timy	000		F	85 Zio	Code
11, Pursuant to	o the provisions of Sections 607 0502	a Statules, the	above-named	corporation	n submits th	is statement	for the purpose	of changing i	ts registered	
office or re agent, flari	o the provisions of Sections 607 0502 gistered agent, or both, in the State on a familiar with, and accept the obligat	zed by the corp tatutes	ooration's b A	oard of dire	ectors. I here	by accept the ap	ppointment as	registored		
SIGNATURE	mitchell w	KAN HW	1	Withell	WK	An.			1-6-	98
5	Signature, typed or printed name of registered agent	and title diapplicable	(NOTE Rogiste	ored Agent signature	required when	reinstating)		DATE		
12.	OFFICERS AND		13		<i></i>	ADDITIONS/	CHANGES T	O OFFICERS A		
TITLE	D COMPANION	Dio		THEF	-				Change	Addition
NAME	KROHN, CONSTANCE L			NAME	12110	1 1110	Canasas	Palma	Drive	
STREET ADDRESS	394 ESTERO BLVD. #406 FT. MYERS BEACH FL 33931			STREET ADDRESS	1970	11 1110	G / Ego,	Palms 339 Palms	10-205	· c
CITY-ST-ZIP	D	DOEL		CITY-ST-ZIP HTLE	<i>J-7.</i> 1	myers	1 10 2	237	Lehanne	Addition
NAME	KROHN, MITCHELL W MR.	نگو		NAME	_			01	Londings	1.00.00
STREET ADDRESS	394 ESTERO BLVD., #406			STREET ADDRESS	12401	McG	nagor	Palms 1	anive	
CITY-ST-ZIP	FORT MYERS BEACH FL 3393	1		4 CITY - ST - ZIP	Ft. n	11415.	FL	33908	3055	
TITLE	1,0111 MILETO DESIGNATE GOOD	DEL		TOLE	•	7 51			Change	Addition
NAME			32	NAME					-	
STREET ADDRESS			3.3	STREET ADDRESS						
CITY-ST-ZIP			3.4	CITY-ST-7IP						
TITLE		DEL	E1E 4.1	TITLE					Change	Addition
NAME			4.2	? NAME						
STREET ADDRESS			43	STREET ADDRESS						
CITY-ST-ZIP				CITY - S1 - 7/P						·
THILE		L DE1		THILE					☐ Change	Addition
NAME CAREEX ADDRESS				NAME PLANE LEADERS	•					
STREET ADDRESS				STREET ADDRESS		•				
CITY-ST-ZIP TITLE		DCL		CITY-ST-7IP					Change	Addition
NAME		D(1		NAME					- Analige	LJ ROUGOI
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	EC. d. at the attended to	4 - 21	b.4	CITY-ST-ZIP	11.0	440.07/03	(1) Et 11 (2)			

Thereby 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 his signature shall have the same logal 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 open 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.

FILED

Jan 20 1998 8:00am

Secretary of State