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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000030138 (8)

## FILED Jul 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  464 BLUE LAGOON LANE N. FORT MYERS FL 33903  Mailing Address  N. FORT MYERS FL 33903-4327						
				3. Date Incorporated or Qualified 04/18/1995	3a. Date of L 05/01/19	,
2. Principal Pl	lace of Business	26. Mailing Address 26		4. FE! Number 65-0575020		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	.75 Additional eo Required
City & State	9	City & State		6. Election Campaign Financing	\$5	5.00 May Be
Zip 24	Country 25	28 Zipi	Country	Trust Fund Contribution  8. This corporation has liability for florida Statutes		dded to Fees der s. 199.032,
<u> </u>	9. Name and Address of Curr		1001	10. Name and Address of New I		
WILLIAM M CORLESS 464 BLUE LAGOON LANE N FT. MYERS FL 33903			81 Name 82 Street .	tress (P.O. Box Number is Not Acceptable)		
\$4 Purpupat	to the provinces of Sections 607.0		84 City		FL 85	Zip Code
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	i502 and 607,1508, Florida Sta alo of Florida. Such change wa ligations of, Section 607,0505,	itutes, the above-named as authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acc		
SIGNATURE	ogistered agent, or both, in the Sta m familiar with, and accept the obl when the state of the	A CARLES	Itutes, the above-named as authorized by the corp. Florida Statutes.	Carlo		ging its registered at as registered
SIGNATURE	Signature, typed or printed name of registered.  OFFICERS A	agent and tille if applicable.	////.	Carlo	DATE ICERS AND DIREC	<b>8-97</b> CTORS IN 12
SIGNATURE  12. TITLE	Signature, typicd or printed name of registered OFFICERS A	CORFSC agent and tille if applicable.	NOTE: Registored Agent signature 13. 11 HILF	required when reinstating)	DATÉ DATÉ	<b>8-97</b> CTORS IN 12
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14. 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 coeparation or the receiver or true procedured to execute this report as required by Chapter 607, Florida Statutes, and that my name spreads in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 if charged or one attached to the procedure of the proc

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