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

DOCUMENT #

P95000033479 (3)

Principal Place of Business	Mailing Address	
2308 FOWLER STREET FT. MYERS FL 33901	2308 FOWLER STREET Ft. Myers Fl 33901	

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									ncorporated or 24/1995	Qualified	3a. Date	of Last	Report		
2	Principal Pl	Place of Business 2a. Mailing Address						4. FEIN	umber		-1		Applied F	or	
21		26						65-0591548				Not Applicable			
22	Suite, Apt.	t. #, etc Suite, Apt. #, etc.						5. Certifi	cate of Status D	Desired			5 Addition	nal	
23	City & State)		City & State				1	6. Election Campaign Financing Trust Fund Contribution \$5.00 M Added to						
	Ζıp		Country	Zip	Cou	intry			orporation has I		ntannible tax				
24			25	29	30				Statutes	Yes		. 0,,00	U 100.00E	'	
Name and Address of Current Registered Agent								10. Name	and Address	of New Re	egistered A	gent			
P-201111 01-2-1							Name								
BERGMAN, GABRIELA A 2308 FOWLER STREET						82	Street A	reet Address (P.O. Box Number is Not Acceptable)							
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l	ri. Mic	RS FL 339	וט			83									
						84	City				FL	85	Zip Code	\neg	
	familiar wit	th, and accep	DOM, III THE STATE OF F	502 and 607.1508, Florida S lorida. Such change was aut ection 607.0505, Florida Sta	tutes.	corp	oration's t	board of directors	this statement . I hereby accep	for the purp of the appo	intment as r	nging Its egistere	registered od agent. I	office am	
12		ogramme, typica t		AND DIRECTORS	(NOTE: Registered	Ag-n	I signature re	equired when reinstating)	ONGGUANGE	O TO OFFI	DATE	2000	000 111 40		
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NAM	RERGMAN GARRIELA A			1.2 N/							Change	□ voo	rtron		
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To nereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachment with an address.

SIGNATURE: >

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIELA A.BERGMAN

BERGMAN 332

332-7080