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 # P95000034303 (4)

Principal Place of Business Mailing Address 427 BARCELONA COURT 427 BARCELONA COURT MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-5067								
					 Date Incorporated or Qualified 05/01/1995 		ate of Last Ro 26/1996	eport
2. Principal P	lace of Business	2a. Mailing Address	.,,		4. FEI Number	1 0 1/1		plied For
21 26					65-0578640			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				ed S8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	, a man design construction (
23		28			Trust Fund Contribution Added to Fees			
Zip	Country Zip		Counti	У	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes			
24	9 Name and Address of Cur	25 29 30 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
AH2	NAHAN, RICHARD S		81	Name				
427 BARCELONA COURT				82 Street Address (P.O. Box Number is Not Acceptable)				
	CO ISLAND FL 33937		82 Street Addr		daress (P.O. Box Number is Not Accept	ane)		
			8:	83				
			B.	84 City			85 Zip (Code
								i
SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob- signature greater protection arms of registered				corporation submits this statement for the oration's board of directors. I hereby account equired when reinstating)	ept the app	ointment as	registered
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	DE DE		1.1 TITLE				Change	Addition
NAME	SHANAHAN, RICHARD S		1.2 NAME					ĺ
STREET ADDRESS 427 BARCELONA COURT			1.3 STREET ADDRESS					
CITY - ST - ZIP	MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP				- pro-	
†IILE	DELETE		2.1 TITLE	1			☐ Change	Addition
NAME			2.2 NAME	i i				1
ι ,	SINEET ADDRESS		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP					Ì
CHY-ST-ZIF TITLE	☐ DELĘTE		2. 4 CHY 3.1 TITLE				Change	Addition
NAME.			3.2 NAME					
STREET ADDRESS			1	T ADDRESS]
CHY-ST-ZIP	1		3.4. C(TY					[
TITLE	DELETE		4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS	STREEL ADURESS		43 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CiTY				Object	Addition
TITLE	1		5.1 TITLE	ſ			☐ Change	Addition
NAME DEDCE ASSISTANCE			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-2II TITLE		DELETE	5.4 CITY- 6.1 TITLE				Change	Addition
NAME	l	bud Pourit	6.2 NAME					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 inclicated 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 greeve, or tripsize employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime P

FILED

Apr 18 1997 8:00am

Secretary of State