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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037124 (1)

Principal Place of Business Mailing Address 705 HOMER AVENUE % JOSEPH E. ROTH. CPA LEHIGH ACRES FL 33971 11595 KELLY ROAD. #121 FORT MYERS FL 33908-2539					1					
							3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Repor 05/01/1996	rl	
	Place of Busines	ss	2a. Mailir	2a. Mailing Address			4. FEI Number	Applied	d For	
21 Sulte, Apt.	# oto		26	Suite, Apt. #, etc.			65-0580944	······································	oplicable	
22 2010, Apr.	. π, Θιο.		<u> </u>	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	te			City & State			6. Election Campaign Financing \$5.00 May Be			
23			26	26			Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Countr	у	8. This corporation has liability fo		3.032,	
24	25 29						Florida Statutes Yes X No			
9, Name and Address of Current Registered Agent ROTH, JOSEPH E CPA						Name	10. Name and Address of New R	<u> </u>		
			81	105e						
11595 KELLY ROAD #121 FORT MYERS FL 33908					82	Step of Addr	es (P.O. Box Number is No Accepta	way #305		
					83	3	J J THYN	~~~		
					84	City-		es Zin Code		
F1. N							Myers	FL 85 Zip Code	l l	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I ari himiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE										
12.	Signalure lyped o		gent and tile if applied ND DIRECTORS			gent signature requir	ed when reinstaling)	DATE		
TITLE	T D	OFFICERS A	NO DIMECTORS	DELETE	13. 1.1 TOLE	1	ADDITIONS/CHANGES TO OFF		12 Addition	
NAME	BOWERS. F	OBERT E JR.			1.2 NAME			C Onlings C) Notifield	
STREET ADDRESS	705 HOMER			ľ		1 ADDRESS			,	
CITY-ST-ZIP		RES FL 33971				S1 · ZIP				
TITLE	D "			DELETE	2 1 TITLE			☐ Change	Addition	
NAME	BOWERS, C				2.2 NAME					
STREET ADDRESS	705 HOMER					I ADDRESS				
CITY-ST-ZIP	LEHIGH AC	RES FL 33971			2 4 C/TY-	ST-ZIP				
TITLE				☐ DEFEIF	3 1 TITLE			☐ Change ☐	Addition	
NAME					3 2 NAME					
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CITY-ST-ZIP				T and a	3.4. CITY-	S1-ZIP				
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NAME STREET ADDRESS					4. 2 NAME					
STREET ADDRESS					l l	T ADDRESS				
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - 5 5.1 TITLE	ST-ZIP		Change	Addition	
NAME				Land DELETE	5.1 HILE 5.2 NAME			LLI CHANGE LLI	, Aduston	
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP										
TITLE				DELETE	5.4 CITY-5	01-11		Change	Addition	

6.4 CITY - S1 - 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 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.

6.2 NAME

STREET ADDRESS

FILED

Apr 25 1997 8:00am

Secretary of State