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

**PROFIT CORPORATION** ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P95000037655** (4)

**BAILEY DEVELOPMENT CORPORATION** 

Principal Plac	e of Business	Mailing Address				r nammann aka tanan manya manya mangi mangi dany	T DODINGOL AND HOURE BOILE BOILE BOILE BENN BOILD ALTER HEDER BINDS DESCRIBE			
811 SW 44TH STREET CAPE CORAL FL 33914			811 SW 44TH STREET CAPE CORAL FL 33914-6372							
						3. Date Incorporated or Qualified 05/10/1995		ate of Last R 01/1996	eport	
2. Principal Place of Business 2a. Mailing Address			ss			4. FEI Number	L		oplied For	
21 26						XRPLIEOXFOR 65-0665708 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #. e	Li. I			5. Certificate of Status Desired	X		Additional equired	
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Ζiρ <b>29</b>	30 30	untr	у		] Yes [	□ No	. 199.032,	
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered	Agent		
BAIL	EY, CARL A II			81	Name					
811 SW 44TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL FL 33914				Officet Meaness (1.0, Dox Harringer is Hot Mee			3107			
				83						
				84	<u> </u>			A=   2:	0(-	
				54	City		FL	<b>85</b> Zip	Code	
office or i agent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607.05	505, Florida Sta	atute	S	corporation submits this statement for the poration's board of directors. I hereby accepted when renstating	of the app	pointment as	registered	
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AN	DIRECTOR	RS IN 12	
TITLE	DPST	DELE	Ell 11	HTLF				Change	Additio	
NAME	BAILEY, CARL A II		1.21	MAME	ł					
STREET ADORESS	811 SW 44TH STREET		1.3	STREE	I ADDRESS	8000023	:D1:	598-	8	
CITY-ST-ZIP	CAPE CORAL FL 33914				S1-ZIP	-06/04/3	370	10780	001	
TITLE		DELE		HILE	OT 211	****561	).ŬO	PARK T	S [Addition	
NAME		<del></del>		NAMÉ				- •	_	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELE		TITLE	o, t.			Change	Addition	
NAME			321	NAME				- •	_	
STREET ADDRESS			1		t Taddress					
CITY-ST-ZIP					S1- <i>2</i> 1P					
TITLE		DELE		MLE	01 28			Change	Addition	
NAME		LLJ OTT		NAME				Onlingo		
STREET ADDRESS			1		T ADORESS					

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 eath; 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 attachment with an address.

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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DELETE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Change

Change

Addition

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911-5119-6318