Suite, ApL, #, etc.       Suite, ApL, #, etc.<	ANNL	PROFIT PORATION JAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
291 S.E. 10TH AVENUE CAPE CORAL FL 33304       291 S.E. 10TH AVENUE CAPE CORAL FL 33304       3a. Date of Last Report         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         2. Principal Place of Business       2a. Mailing Address       5. Confloate of Status Desired       \$80.75 Additor         2. Principal Place of Business       2a. Country       2p       Country       8. This cooperation has liability for intangible tax under s 198.032         2. Page to Country       2p       Country       2p       Country       8. This cooperation has liability for intangible tax under s 198.032         3. Barte Address (P.O. Exer Number is Not Acceptable)       6. Election Campaign Financing       Precedent fill Name       Precedent fill Name         4. Otry       2p       3o       To Streat Address (P.O. Exer Number is Not Acceptable)       Precedent fill Name         6. Detectoreal of didecos of Current Registered Agent       61	<ol> <li>Corporation</li> </ol>	n Name			)				
2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applied F         21       25       Suite, Apt. #, etc.       6.5 = 0.5.8.1.3.4.7       Not Applied F         22       27       Suite, Apt. #, etc.       6. Certificate of Status Desired       8.7.5 Addition         23       28       27       Country       6. Election Campsign Financing       Added to Face Required         210       20       20       20       30       Country       8. This corporation has lability for intargible tax under s 199.032         210       26       28       30       Country       8. This corporation has lability for intargible tax under s 199.032         211       Country       28       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         4201       SE. 10TH AVENUE       63       64       City       FL       85       Zp Code         63       64       City       FL       85       Zp Code       10. Name and Address To OFHords Studies       10.0	2911 S.E. 10	)TH AVENUE	2911 \$.	2911 S.E. TOTH AVENUE					
Image of laborations       And graphing of laborations       6.5 = 0.5.8.1.3.4.7       Not Appling         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired       \$8.75 Additions         Image of laborations       City & State       6. Election Campeign Financing       \$8.75 Additions         Image of laborations       Zip       Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Zip       Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Zip       Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Zip       Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Site of Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Site of Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Site of Country       8. This corporation has lability for intargible tax unders 199.032         Image of laborations       Site of Country       8. This corporation has laboration has laboratis for distance provestion of Site Country f			Da Maila	a Addrass					
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City & State     Country     Zip     Country     S     Stude     Site      Stude     Site      Site		#, etc.	1	Apt. #, etc.			5. Certificate of Status Desired		
Zip       Country       Zip       Country       B. This corporation has liability for intangible tax unders 199.032         Id       Zip       Zip       Country       B. This corporation has liability for intangible tax unders 199.032         Id       Statutes       Yes       Xi No         Id       Inits corporation has liability for intangible tax unders 199.032         Florida Statutes       Yes       Xi No         Id       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         HAMILTON, CHARLES A       291 SE. 10TH AVENUE       Bit       Street Address (P.O. Box Number is Not Acceptable)         GAPE CORAL FL 33904       Street Address (P.O. Box Number is Not Acceptable)       Bit       Street Address (P.O. Box Number is Not Acceptable)         I1.       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 agent, nor of the obligations of, Section 6C7.0505, Florida Statutes       Molt Proprieted Agent spatial and the obligations of, Section 6C7.0505, Florida Statutes       Molt Proprieted Agent spatial and the obligations of, Section 6C7.0505, Florida Statutes         SIGNATURE       D       OFFICERS AND DIFECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         ITHE       D       OFFICERS AND DIFECTORS       13.       ADDITIONS/CHANGES TO	City & State	8	City 8	State				\$5	.00 May Be
HAMILTON, CHARLES A 2911 S.E. 10TH AVENUE CAPE CORAL FL 33904       B1       Name         B2       Street Address (P.O. Box Number is Not Acceptable)       B3         B4       City       FL       B5       Zp Code         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 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, and accept the obligations of, Soction KC7.0505, Florida Statutes.       MOIP Regelered Agent synatche required when resulting       Date         SIGNATURE       Bignature, typed or printed name of registered agent are the displand agent a	Zip		Zip			try	Florida Statutes	No No	s 199.032,
HAMILTON, CHARLES A 2911 S.E. 10TH AVENUE CAPE CORAL FL 33904       B2       Street Address (P.O. Box Number is Not Acceptable)         B3       B4       City       FL       B5       Zp Code         B5       Street Address (P.O. Box Number is Not Acceptable)       Code       Code         B4       City       FL       B5       Zp Code         B5       Coperation's board of directors. I hereby accept the appointment as registered agent. I       B5       B5		9. Name and Address of Cur	rrent Registered	Agent		Name	10. Name and Address of New I	Registered Agent	
B4     City     FL     85     Zip Code       11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 familiar with, and accept the obligations of, Soction 67.0505, Florida Statutes.     NOTE: Programmed of directors. I hereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Soction 67.0505, Florida Statutes.     NOTE: Programmed of directors. I hereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Soction 67.0505, Florida Statutes.     NOTE: Programmed of directors. I hereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Soction 67.0505, Florida Statutes.       SIGNATURE	<b>2911 S</b> .	E. 10TH AVENUE					dress (P.O. Box Number is Not Acceptable)		
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 agent. I familiar with, and accept the obligations of, Section 6C7.0505, Florida Statutes.         SIGNATURE	UNICO	JOHAL PE 33304						<b>E1</b> 85	Zip Code
D       D IDELETE       1.1 TITLE       D Change       Add         NAME       HAMILTON, CHARLES A       12 NAME       12 NAME       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS       14 City-S1-ZiP       14	or registe familiar wi SIGNATURE	red agent, or both, in the State of F ith, and accept the obligations of, S Signature, typed or printed name of registered a	Florida, Such chang Section 607.0505, agent and title if applicable	ge was authorize Florida Statutes (Not	ed by the co	prporation's boa	rd of directors. I hereby accept the app	DATE.	red agent. I am
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