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

P95000040031 (3)

DOCUMENT #
1. Corporation Name

FULLENKAMP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3953 BROADWAY AVENUE FORT MYERS FL 33901 3953 BROADWAY AVENUE FORT MYERS FL 33901



			11610 16 90001				
						3. Date Incorporated or Qualified 3a. Date 05/19/1995	of Last Report
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	Applied For
		26				65.0583128	Not Applicat
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City &	State			6. Election Campaign Financing	\$5.00 May Be
23		28		····		Trust Fund Contribution	Added to Fees
- Ζιρ 541	Country	Zφ		Countr	У	8. This corporation has liability for intangible to	x under s. 199.032,
24	25 9. Name and Address of Curre	29 nt Registered A	cent	30	••	Florida Statutes Yes No 10. Name and Address of New Registered	
	5, Hame and Address of Carre	in tregistered A	igeni.	8	i Name	10. Name and Address of New Hegistered	Agent
FULLE	FULLENKAMP, NANCY						
3953 BROADWAY AVENUE			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33901					Serial -		
	· · · · ·						
				84	City	FI	85 Zip Code
11. Pursuant	Lto the provisions of Sections 607 050	2 and 607 1508	Florida Statutes	the above	named co	progration submits this statement for the number of cha	unging its registered of
or registe familiar w	ered agent, or both, in the State of Flor vith, and accept the obligations of, Sec	ida. Such changi tion 607.0505, F	e was authorizeo Iorida Statutes.	by the con	poration's	board of directors. I hereby accept the appointment as	registered agent. I am
SIGNATURE	Signature typed or printed harnolof registered agen	Land the Paralle do	M.V.YE	Booletwood Ac-	ont equation	skried wher reinstaling: DATE	
12.		ID DIRECTORS	hich	13.	on a signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TillE	D		DELETE	1 1 TITLE			Change Addition
NAMé	FULLENKAMP, NANCY			12 NAME	.	-	
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4. To nevery 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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone