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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000043808 (1)

	ODD PROPERTY, P.A.	Mailing Address 4700 31ST AVENUE S.W. NAPLES FL 34116-8228				
)	71. 4			3. Date Incorporated or Qualified 05/24/1995	3a. Date of Last R 04/18/1996	eport
2. Principal Place of Business		2a. Mailing Address			Ar	oplied For
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional	
22		27	h		5. Certificate of Status Desired Fee Required	
City & State		City & State	├ <del>-</del> -\		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
20 -21	Country	Zip	Country	8. This corporation has liability fo	intangible tax under s	. 199.032,
24 39	9 Name and Address of	29   f Current Registered Agent	30	Florida Statutes  10. Name and Address of New F	Yes No	
PEC	CK, NANCY		81 Name			<del></del>
4700 31ST AVE SW			82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
SUITE 106, PINE PLAZA			83			
NAP	PLES FL-33999 3411	6				
i I			84 City			Code 1/6
11. Pursuant office or agent La	Mary	) reck	Municy U.	rporation submits this statement for the ation's board of directors. I hereby acc	7/04/4	ts registered registered
12.		istered agent and tille if applicable. (N ERS AND DIRECTORS	OTE Registered Agent rignature req	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
THE	D	DELETE	1.1 TOTLE		Change	- Addition
NAME	PECK, NANCY	<b>A</b> J	1.2 NAME			l.
STREET ADORESS	4700 31ST AVENUE S.V NAPLES FL 33999	v.	1.3 STREET ADDRESS			34116
COTY - ST - ZOP THILE	IVII LEO I E GOODO	DELETE	1.4 City-St-ZiP 2.1 Title	<del></del>	☐ Change	Addition
NAME			22 NAME		•	ł
STREET ADDRESS			2.3 STREET ADDRESS			Í
CHY-ST ZIP		☐ DELETE	2. 4 CITY - ST - ZIP	·	☐ Change	Addition
NAME		☐ Dettere	3.1 TITLE 3.2 NAME		Change	Addition
STREET ADDRESS			3.3 STREET ADDRESS			}
011Y-S1-7F			3.4. CITY-ST-ZIP			
Tille		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			Ì
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP TIME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<del>,</del>	Change	Addition
NAME		<del></del>	5.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADORESS			5.3 STREET ADDRESS			Ì
CHY-ST ZIP			5.4 CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE		DELETE	6.1 TrTLE		☐ Change	Addition
NAME			6.2 NAME			Í
STREET AUDRESS			6.3 STREET ADDRESS			}

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 attackment with an address.

0415554

**FILED** 

May 09 1997 8:00am

Secretary of State