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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P95000044153 (1)

BRERETON KRAUSE & MYERS, INC.

Principal Place of Business Mailing Address  5811 PELICAN BAY BOULEVARD, SUITE 612  NAPLES FL 33963  MAPLES FL 34108-2711				RD. SUITE 612				
						3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report 03/08/1996	
2. Principal f 21	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0574062	Applied For Not Applicable	
Suite Apt	# etc.	Suite. Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	der	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
700	4108 Country	Zip <b>29</b>	30	Country		This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes	
	9. Name and Address of Current		······································			10. Name and Address of New H	egistered Agent	
BRE	RETON, BARBARA A			81	Name			
	1 PELICAN BAY BOULEVARD, SI PLES FL 33963	JITE 612		82	Street	Address (P.O. Box Number is Not Accepta	ble)	
I II	TEO I E SOSOO			83		44-4-4-7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
				84	City		FL 85 Zip Code	
agent 1 SIGNATUHE	an fam har with, and accept the oblig	ations of, Section 607.0505,	Florida S	statute	S.	poration's board of directors. I hereby acce a required when reinstating)  ADDITIONS/CHANGES TO OFF	DATÉ	
1711	T P	DELETE		1 TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME	BRERGTON, WILLAIM		1.	2 NAME		WILLIAM BRE	RETON	
STREET ADDRESS	FOAA DELICANI DAY DUEL 40	12	1.	3 STREET	ADDRESS	WILLIAM BASS	-	
COV-ST 7/2	NAPLES FL 33963		1.	4 CITY-S	T- ZIP	34108		
100,0	VP	☐ DELETE	2	1 TITLE			Change Addition	
NAME	KRAUSE, ANDREW	40		.2 NAME				
STREET ADDRESS		12			ADDRESS	34108		
CHY - ST - 74P	NAPLES FL 33963	DELETE		. 4 CITY - .1 TITLE	ST - ZIP	34100	Change Addition	
THILF NAME	MYERS, WILLIAM	otter	1	.2 NAME				
STREET ADDRESS	FOLL DELICANI DAY DIND 40	12			ADDRESS			
CHY-SU-ZIP	NAPLES FL 33963			.4. CITY-		34108		
10118	S	DELETE	4.	1 TITLE		34108 BARBARA BR	☐ Change ☐ Addilion	
NAME	Brealton, Barbara		4	. 2 NAME		BARBARA DR	EBLETON	
STREET ADDRESS		12	4	.3 STREE	ADDRESS	i		
CITY-ST 7IP	NAPLES FL 33963	Documen		4 CITY-	ST-ZIP	34108	Change Addition	
THILF		☐ DELETE		I TITLE			C change C Addition	
NAME				.2 NAME	. YDDDLCC			
SPEEL ADDRESS	)			.3 STREE .4 CITY -1	FADDRESS			
CHY-SL 20:		DELETE		1 TITLE	11 - FIL		Change Addition	

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 tarn 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.

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

NAM:

STREET ADDRESS

941.592-6306

**FILED** 

Mar 18 1997 8:00am

Secretary of State