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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre D. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000051525 (0)

DRESCHER, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address						-	AIR ODIOLEUR		<b>                                    </b>
332 WENTWOR NAPLES FL 34 US		332 WENTWORTH COURT NAPLES FL 34104-6535 US							
						3. Date Incorporated or Qualified 06/30/1995	.	Date of Las <mark>'/24/1996</mark>	. '
2. Principal F	Place of Business	2a. Mailing Address 26	<del>-</del> ¬			4. FEI Number APPLIED FOR	34278		Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<del></del> -			5. Certificate of Status Desired	Ø	•	5 Additional Required
City & State		City & State	<del></del> 1 ´			Election Campaign Financing     Trust Fund Contribution			00 May Be
Zip 24	Country 25	7ip 29	Count 30	ry		8. This corporation has liability for Florida Statutes		le tax unde	r s. 199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered	i Agent	
	TER, MICHAEL R		8	1 N	ame				
	B CORPORATE SQUARE TE C		8	2 S	reet Addres	ress (P.O. Box Number is Not Acceptable)			
NAP	LES FL 33942		8	3					
			8	4 C	ity		Fl	85 Z	ip Code
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligations of the state of the stat	of Florida. Such change was ations of, Section 607.0505, F	authorized l lorida Statut	by the	e corporatio	ration submits this statement for the in's board of directors. I hereby acc	e purpose ocept the ap	of changing	g its registered as registered
12.	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		ND DIBECT	OBS IN 12	
TITLE	D DELETE			1.1 TITLE		1.5011.01.0,011.11.000 10 071	102110741	Chang	
NAME	DRESCHER, WILHELM		1.2 NAME						
STREET ADDRESS	332 WENTOWATH COURT		1.3 STRE	et add	RESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY	- ST - ZIF	2				
TITLE		L_] DELETE		2.1 TITLE				∐ Chang	e LAddition
NAME			2.2 NAMI						
STREET ADDRESS CITY-ST-ZIP			23 STHE 2 4 Cmy						
TITLE		DELETE	31 TITLE					Chang	e Addition
NAME			3.2 NAMI	E		•			
STREET ADDRESS			3 3 S1RE	dda 13	RESS				
CITY-ST-ZIP		Destate	3 4. CHTY		P		<del></del>		
TITLE		L_ DELETE						L_ Chang	e Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		Dr.co				
CITY-ST-ZIP			4.3 STHE 4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE		<del>     </del>			Chang	e Addition
NAME			5.2 NAME	Ē				•	
STREET ADDRESS			5.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP			5.4 CHY	- S1 - ZIF	3				
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	e
NAME			6.2 NAME						

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 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.

6.4 CITY-ST-ZIP

3R2E034 (9/96)

**FILED** 

Jun 06 1997 8:00am

Secretary of State