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

DOCUMENT # **P95000052450 (0)**

1. Corporation	TERNATIVE INVESTMENT		(0)		
Principal Place of Business		Mailing Address		a individus kie idiai dikit daini edini edini bili	OL OSILO 11055 OLOBE BITIL BOSE 10161
400 FIFTH AVENUE SOUTH NAPLES FL 33940		400 FIFTH AVENUE SOUTH NAPLES FL 33940			
				3. Date Incorporated or Qualified 3a. 07/07/1995	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0614269	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, (5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<i>DU</i> 1	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zp	Country	8. This corporation has liability for intangit	
24	25	[29]	30	Florida Statutes Yes N	
	9. Name and Address of Cur	rrent Hegistered Agent	81 Nane -	10. Name and Address of New Registe	red Agent
HELLGES	IAMES D IV				
HEDGES, JAMES R IV 400 FIFTH AVENUE SOUTH			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
NAPLES FL 33940			83	201	
"" ====					
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the above named corpo	realizer submits this statement for the numose of	f changing its registered office
familiar wit	ed agent, or both, in the State of r th, and accept the obligations of, S	horida. Such change was a Bection 607.0505, Florida S	itinorized by the corporation's boo tatutes:	ard of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE					
12.	Stiplature, typed or partial had not elegatored. Of those sec.	gest and bleic application AND DIRECTORS	(for the Brightener) Agent signature require 13.	· · · · · · · · · · · · · · · · · · ·	
Title	D	DELEI		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	HEDGES, JAMES R IV		1.2 NAME		
STREET ADDRESS 400 FIFTH AVENUE SOUTH		H	1.3 STREET ADDRESS		
CITY ST - ZIP	NAPLES FL 33940		1.4 CHY - ST - ZIP		
TITLE		DELET	E 2 1 WILE		Change Addition
NAME			2.2 NAME		
STHEET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2.4 CITY - ST - ZIP	1574 ANN	
TITLE		☐ DELF1			Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET	3.4 Crty - St - ZIP E 4.1 Title		Change Addition
NAME			4.2 NAME		
STREET ADOPESS			4.3 STREET ADDRESS	700001800 -04/29/9601136-	187
CITY-ST-ZIF			4.4 City - ST - ZIP	-U4/Z3/3bU113b-	- 90 0 0/3
TITLE		DELET		***2 00.00	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TOLE		DELET			Cnange Addition
NAME			6.2 NAME		27.129
STREET ADORESS			6.3 STREET ADDRESS		· · [, ·
CITY - ST - ZIP	I		6.4 CITY - S1 - ZIP		

14. I do hereby 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:

SIGNATURE There have been printed Name or Statute Programment of the programment of the programment of the corporation of 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

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Type One Printed Name or Statute Programment of the pro