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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058811 (7)

FLORIC		ii i e s Bilien inv		JUDC)									
Principal Place of Business Mailing Address										-	III 93(3) 4 [[1 14 0 4 1 90 4
2301 DEL PRADO BLVD 2301 DEL PRADO BLVD														
SUITE 100 SUITE 100										DO NOT WRITE IN THIS SPACE				
CAPE CORAL FL 33904 CAPE CORAL FL 33904 US										3. Date Incorporated or Qualified				
**				00						07/27/1995				
2. Principal Place of Business 2e. Mailing Address										4. FEI Number			Apı	olied For
21			•	26						65-0661731			+	Applicable
Suite, Apt.	#, etc.		Suite. Apt. #, etc.						5. Certificate of Status Desired		\$8.7	75 A	dditional	
22			27						b. Certificate of Status Desired		Fe	e Re	quired	
City & Stat	le		,	City & State						6. Election Campaign Financing	_			May Be
23		· · · · · · · · · · · · · · · · · · ·	28						Trust Fund Contribution				Fees	
Zip	Country 25			Zip			Country			8. This corporation owes or has pa		revit yea 1 Yes	_	1
24	9. Name		29 30 Registered Agent			<u> </u>			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
9, Name and Address of Current Registered Agent ANCHEL CHINDHIN MADIA D.A.								N.	ame			J		
NICKEL, GUDRUN MARIA P.A. 350 FIFTH AVENUE SOUTH, #200							-	ļ.,			-1->			
NAPLES FL 33940							82	St	ieel Addie	ess (P.O. Box Number is Not Acceptal	JIE}			
1171		UU TU					83	1						
							04	L				Tee I	- C	<u> </u>
							84	C	ıy		FL	85	Zip C	Ode
11. Pursuant office or r agent. I a	to t he provis regi st ered aç ım f a miliar w	sions of S ection gent, or b oth, i ith, an d a ccep	ns 607.0502 at in the State of F ot the obligation	nd 607,150 forida. Suns of, Sect	08, Florida Statut ich change was ion 607.0505, Fl	tes, th autho orida	ie abovi rized by Statutes	e-na y the s.	med corpo corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose o pt the app	f changii ointmen	ng its t as r	registered egistered
	Signature, typed		na lunga baratsipan l					ent sig	nature require	d when reinstating)	DATE			
12. TITLE	_	OF1	ICERS AND D	THEUTOHS	DELETE	_	13 . 1.1 TiTLE			ADDITIONS/CHANGES TO OFFIC	JERS AND	Char		Addition
NAME							I.2 NAME					LJ Orlan	ι¥c	
STREET ADDRESS	2301 DE				1.3 STREET ADDRESS		oree							
City-ST-ZIP	CAPE C	LYD GOIL I	100			1.4 CITY-ST-ZIP							}	
TITLE	P	OINLTE			DELETE		2.1 THILE	91 - £1F	_			Chan	ege	Addition
NAME	HEINDL, FRIEDRICH						.2 NAME						-	
STREET ADDRESS 2301 DEL PRADO BLVD SUITE 100							3 STREET	ADDE	ness					Ì
CHTY-ST-ZIP CAPE CORAL FL								ST - 711	,					
TITLE					DELETE	3	3.1 TITLE			•		Chan	ige	Addition
NAME						3	3.2 NAME							
STREET ADDRESS						3	1.3 STREET	ADDE	RESS					-
CITY-ST-ZIP					T and and		3.4. CITY - S	ST - Z#	<u> </u>			<u> </u>		
TITLE					☐ DELETE		1 TITLE					Chan	ge	☐ Addition
NAME						- 1	I. 2 NAME							
STREET ADDRESS	•						L3 STREET							
CITY-ST-ZIP TITLE		 _			DELETE		I.4 CITY - S 3.1 TITLE	I - ZIP				☐ Chan	nne -	Addition
NAME					0.14.16		.2 NAME		-				.Ar	
STREET ADDRESS							.2 NAME .3 STREET	ልቦው	ress					
CITY-ST-ZIP						- 1	i.4 CITY - S		1					Ì
TITLE					DELETE		i.4 CHT-S	11-21				Chan	ge .	Addition
NAME					_		2 NAME							
STREET ADDRESS						1	3 STREET	ADDE	ESS					
CITY-ST-ZIP							4 CITY-S							

4. I 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 the attachment with an address.

2/12/97

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FILED

Feb 17 1998 8:00am

Secretary of State