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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

D. W. D	MENT # P95000 IETRICH & FAMILY, INC.	065278 (0)			
Principal Place	e of Businoss	Mailing Address		a southbut tim enint milit notif mater gater gater natit	Berne Bried fritt in 1884 hous (A.b.)
505 FIFTH AVE SOUTH		360 HORSE CREEK DRIVE			
#3 Naples FL 33940		#206 Naples fl 34110-6044			
US	•	US		3. Date Incorporated or Qualified 08/23/1995	n. Date of Last Report 04/23/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3332244	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$9.75 Additional
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 🛪	Country	Zip	Country	8. This corporation has liability for intah	
24 37	102 25 SOUTH	29	30		s 🔲 No
NET	<ol><li>Name and Address of Current RICH, DANIEL W</li></ol>	Hegistered Agent	81 Name	10. Name and Address of New Registe	ered Agent
	HORSE CREEK DRIVE				
NAPLES FL 33963			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
****			83		
			84 City		85 Zip Code
					FL
11. Pursuant office or ragent.   a	to the provisions of Sections 607.0502 egistered egent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	les, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	nse of changing its registered appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agen OF FICERS AND		E Registered Agent signature require 13.	ed when reinstating) Discontinuous ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.171[LE	ADD/HONS/CHANGES TO OFFICERS	Change Addition
NAME	DIETRICH, DANIEL W	•	1.2 NAME		
STREET ADDRESS	360 HORSE CREEK DRIVE #20	6	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 DITY+ST-ZIP		
TITLE	VP	☐ DELETE	2.1 THLE		Change Addition
NAME	CINDA DIETRICH		2.2 NAME		
STREET ADDRESS	360 HORSE CREEK DR #206 NAPLES FL		23 \$TREE! ADDRESS		•
CITY-ST-ZIP TITLE	INAPLES PL	DELETE	2. 4 CH Y - S1 - ZIP 3.1 TITLE		Change Addition
NAME		C) otten	3.2 NAME		El cusulac El vaccion
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-Z#P		T Brieti	4.4 C/1Y - \$1 - 2IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		
14. I do herel	by certify that the information supplied in indicated on this annual report or si	with this fiting does not qual upple cental annual report is:	ify for the exemption stated true and accurate and that	d in Section 119.07(3)(i), Florida Statutes. If i my signature shall have the same legal effe	urther certify that the ect as if made under eath: that
l am an o appears i	fficer or director of the garporetton or n Block 12 or Block 13 it changed, or	the redel <del>ver o</del> r trustee empoy in an uttackment with an ad-	vered to execute this repor dress.	d in Section 119.07(3)(i), Florida Statutes. If my signature shall have the same legal effer d as required by Chapter 607, Florida Statut	es; and that my name

I do nereby certify that the information supplied with information indicated on this annual report or supplied am an officer or director of the gorporation or true recappears in Block 12 or Block 13 it changed, or the an 941-435-9791