## 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

P95000071581 (9) **DOCUMENT #** 

OLDE FLORIDA INVESTMENTS, INC.									
Principal Place of	Business	Mailing A	\d <tress< th=""><th></th><th></th><th>- I Individe (in late: Svin Agus Anus</th><th></th><th>PO. D.10: 16:6: 175: 199:</th></tress<>			- I Individe (in late: Svin Agus Anus		PO. D.10: 16:6: 175: 199:	
12425 UNION RD 12425 UNION RD NAPLES FL 33961 NAPLES FL 33961									
						3. Date incorporated or Qualified 09/15/1995	3a. Date of L	ast Report ►/A	
2. Principal Place		2a. Mailir	ng Address			4. FEI Number		Applied For	
21	N/A	26		/A		65-060 7241		Not Applicable	
Suite, Apt. #,	etc.	-	, Apl. #, etc.			5. Certificate of Status Desired	□ <b>→</b>	8.75 Additional Fee Required	
Ctu & State		27 City	& State			6. Election Campaign Financing		<b>5.00</b> May Be	
City & State		28	d Oldio			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	,	Country		8. This corporation has liability for it		der s 199.032,	
24	25	29		30		Florida Stalutes			
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of New R	egistered Age	<u>nt</u>	
	01051/			81	Name	MA			
WOLFF, (				82	Street Addi	ress (P.O. Box Nuniber is Not Acceptab	le)		
	ODLETTE RD			83					
6TH FLOOR NAPLES FL 33940									
HUAFLES	FL 33370			84	City		Fi. 8	5 Zip Code	
SIGNATURE	gnature, typec or printed name of registered of OFFICERS	agent and title if applicab		OIL Registers Again		ADDITIONS/CHANGES 10 OFF	ICERS AND DIF	RECTORS IN 12	
TITLE			DELETE	1. 1 TITUE	T	resident, Sec-tres Uriene Marciano	ه ایا تا ام	iange [] Asarron	
NAME				1.2 NAM!		FASZ AMION SD'			
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NAME:				6.2 NAME					
CIDELT ADDRESS				■ 63 STREE	LADDRESS				

City-St-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 trusted 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:

March 196 941-6425343