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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000071954 (8)

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1011 PRINCESS LANE VENICE FL 34283 Mailing Address POST OFFICE BOX 1988 VENICE FL 34284-1988						1		
					 Date Incorporated or Qualified 09/18/1995 		te of Last R 1/1996	eport
2. Principal F	lace of Business	2a. Mailing Address			4, FEI Number	1 0010		plied For
1		26			59-3334676			t Applicable
Suite Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	lo .	City & State			8. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Re
3]		28			Trust Fund Contribution		Added	
Ζφ	Country	Zip	Coun	try	8. This corporation has liability for	intangible (ax under s	199.032
24	25	29	30			Yes 🎗		
	9. Name and Address of Cur	rrent Registered Agent		Name	10. Name and Address of New Re	gistered A	gent	·
KORZILIUS, ERIK V ESQ.			[*	Name				
	1 PRINCESS LANE		Ē	Street Add	dress (P.O. Box Number is Not Acceptai	ble)		
VEN	ICE FL 34293			33			· · · · · · · · · · · · · · · · · · ·	
				~				
			Ē	34 City		FL	85 Zip	Code
	والمستقلة والمستميم والمرابع والمتال المستكرين والمستكرين والمستكرين			DY THE COLDON	ation's doard of directors, I hereby acce			
SIGNATURE	Styrmare type o or printed name of registared	diagent and title if applicable. (NO	TE: Registered /		rporation submits this statement for the ation's board of directors. I hereby acce used when reinstating)	DAYE		······································
SIGNATURE	Significate Type of or printed name of registered OFFICERS	d agent and title if applicable. (NO AND DIRECTORS	TE: Regislered /	Agent signature requ		DATE CERS AND	DIRECTOR	S IN 12
SIGNATURE 12. THUE	Symmetry to or printed name of registrate OFFICERS	diagent and title if applicable. (NO	TE: Regislered /	Agent signature requ	uired when reinstating)	DATE CERS AND		············
SIGNATURE 12. THEE	Symmetry types or printed name of registrates OFFICERS PCST KORZILIUS, ERIK V	d agent and title if applicable. (NO AND DIRECTORS	TE: Registered A	Agent signature requ E	uired when reinstating)	DATE CERS AND	DIRECTOR	S IN 12
SIGNATURE 12. THE NAME STREET ADORESS	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	d agent and title if applicable. (NO AND DIRECTORS	13, 11 TITL 1.2 NAM 1.3 STR	Agent signature require E AE EET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR	S IN 12
SIGNATURE 12. THE NAME SIREET ADORESS CHY-ST-ZIP	Symmetry types or printed name of registrates OFFICERS PCST KORZILIUS, ERIK V	d agert and title if applicable. (NO AND DIRECTORS DELETE	13, 11 TITL 1.2 NAN 1.3 STRI 1.4 CITY	Agent signature req. E AE EET ADDRESS (-ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Director	IS IN 12
SIGNATURE 12. THE NAME SIREET ADDRESS CHY-ST-ZIP THEE	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	d agent and title if applicable. (NO AND DIRECTORS	13. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITI 2.1 TITL	Agent signature req. E AE EEI ADDRESS 7-ST-ZIP E	uired when reinstating)	DATE CERS AND	DIRECTOR	S IN 12
SIGNATURE 12. THLE NAME SIRRET ADDRESS CTY-ST-74 THLE NAME	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	d agert and title if applicable. (NO AND DIRECTORS DELETE	13. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN	Agent signature req. E AE EET ADDRESS 7-ST-ZIP E AE	uired when reinstating)	DATE CERS AND	DIRECTOR Director	IS IN 12
SIGNATURE 12. THEF NAME SIRRET ADDRESS CHY-SI-7IP THEF NAME SIRRET ADDRESS	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	d agert and title if applicable. (NO AND DIRECTORS DELETE	13. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature req. E AE EET ADDRESS 7-ST-ZIP E AE EET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR Director	IS IN 12
SIGNATURE 12. THEF NAME SIRRET ADORESS CHY-ST-74P THEF NAME	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	d agert and title if applicable. (NO AND DIRECTORS DELETE	13. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature req. E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Director	IS IN 12
SIGNATURE 12. THEF NAME SIRRET ADDRESS CHY-ST-ZIP THEF NAME SIRRET ADDRESS CHY-ST-ZIP	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and trie if applicable. (NO AND DIRECTORS DELETE	13. 11 TITL 1.2 NAN 1.3 STRI 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT	Agent signature req. E AE EET ADDRESS (-ST-ZIP AE EET ADDRESS Y-ST-ZIP E	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIRRET ADDRESS CHY-SE-ZIP THEF NAME SIRRET ADDRESS CHY-SE-ZIP THE	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and trie if applicable. (NO AND DIRECTORS DELETE	12. Registered / 13. 11 Tift 1.2 NAN 1.3 STRI 1.4 CITY 2.1 Tift 2.2 NAN 2.3 STRI 2.4 CIT 3.1 Tift 3.2 NAN	Agent signature req. E AE EET ADDRESS (-ST-ZIP AE EET ADDRESS Y-ST-ZIP E	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIRRET ADDRESS CHY-SE-TIP THEE NAME SIRRET ADDRESS CHY-SE-ZIP THEE NAME	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and trie if applicable. (NO AND DIRECTORS DELETE	12. Registered / 13. 11 TiTL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI	Agent signature requirements E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE AE AE AE AE AE AE AE AE	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIRECT ADDRESS CHY-ST-ZIP THEF NAME SIRECT ADDRESS CHY-ST-ZIP THE NAME SIRECT ADDRESS STREET ADDRESS	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and trie if applicable. (NO AND DIRECTORS DELETE	12. Registered / 13. 11 TiTL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI	Agent signature required for the signature requi	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and this if applicable. (NO AND DIRECTORS DELETE DELETE DELETE DELETE	12. Registered / 13. 11 Tifl 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI 3.4 CIT	Agent signature requirements E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ET ADDRESS Y-ST-ZIP E ET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-ST-ZIP THEE NAME SIREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THEE THEE THEE THEE THEE	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and this if applicable. (NO AND DIRECTORS DELETE DELETE DELETE DELETE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Agent signature requirements E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ET ADDRESS Y-ST-ZIP E ET ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THE NAME SIREET ADDRESS CHY-SE-ZIP THE NAME SIREET ADDRESS CHY-SI-ZIP THE NAME SIREET ADDRESS CITY-SI-ZIP THE NAME	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	DELETE DELETE DELETE DELETE	12. Registered / 13. 11 Titl 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 4.1 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITY	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-SI-ZIP THEF NAME SIREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THEE NAME STREET ADDRESS CHY-SI-ZIP THEE	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	Jageri and this if applicable. (NO AND DIRECTORS DELETE DELETE DELETE DELETE	18. Registered / 13. 11 Title 1.2 NAN 1.3 STRI 1.4 CITY 2.1 Title 2.2 NAN 2.3 STRI 3.1 Title 3.2 NAN 3.3 STRI 3.4 CIT 4.1 TITLe 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITLE	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-SI-ZIP THEE NAME SIREET ADDRESS CHY-SI-ZIP THE NAME SIREET ADDRESS CHY-SI-ZIP THE NAME SIREET ADDRESS CHY-SI-ZIP THEE NAME SIREET ADDRESS CHY-SI-ZIP THEE NAME	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	DELETE DELETE DELETE DELETE	18. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI 4.1 CIT 4.1 TITL 4.2 NAY 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAN	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-SE-ZIP THE NAME STREET ADDRESS CHY-SE-ZIP THE NSME STREET ADDRESS CHY-SE-ZIP THE NAME STREET ADDRESS	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	DELETE DELETE DELETE DELETE	12. Registered / 13. 11 TITL 1.2 NAM 1.3 STRI 1.4 CITU 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITU 5.1 TITL 5.2 NAM 5.3 STRI 5.3 STR	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	DELETE DELETE DELETE DELETE	18. 11 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STRI 4.1 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAN 5.3 STR	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIRECT ADDRESS CHY-ST-ZIP THE	Syrvise type or printed name of registance OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE	DELETE DELETE DELETE DELETE	12. Registered / 13. 11 TITL 1.2 NAM 1.3 STRI 1.4 CITU 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITU 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITU 6.1 TITL 6.1 TIT	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME	Symmetry or printed name of registerior OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE VENICE FL 34293	DELETE DELETE DELETE DELETE	12. Registered / 13. 11 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CHY-ST-ZIP THEE NAME SIREET ADDRESS CHY-ST-ZIP THE NAME SIREET ADDRESS CHY-ST-ZIP THE NAME SIREET ADDRESS CHY-ST-ZIP THEE	Symmetry or printed name of registerior OFFICERS PCST KORZILIUS, ERIK V 1011 PRINCESS LANE VENICE FL 34293	DELETE DELETE DELETE DELETE	18. Registered / 13. 11 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI	Agent signature required for the signature requi	uired when reinstating)	DAYE CERS AND	DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition Addition

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.

SIGNATURE:

AUS_

941-493-3115

0436338