4-21-97 B- 5057 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077198 (6)

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address SOS 8 AUGUSTA BOULEVARD- NAPLES FL 34113 MAILING ADDRESS AUGUSTA BOULEVARD- NAPLES FL 34113-7538									
						3. Date incorporated or Qualified 10/09/1995	3a. Date of La 09/25/19		
	lace of Business	2a. Mailing Address		= .		4. FEI Number	<u> </u>	Applied For]
21 Soo7 TAMAMI TRAIL EAST 26 Soo7 TAMAMI TA				RAIL C	JN37	65-0613218		Not Applicable	4
22	#, OK.	27 Saite, Apr. #, etc.				5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State 28 NAPLES, FL 31113				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	29 341/3		ountry		8. This corporation has liability for		der s. 199.032,	1
24 34/	9. Name and Address of Current		30	COLLI	ER		Yes No		4
		negistered Agent		81 Na	ame	10. Name and Address of New Re	gistered Agent		-
	PO, GARY F			0, 1,	arrie				
	8 AUGUSTA BOULEVARD LES FL 34113			82 St	reet Addre	ess (P.O. Box Number is Not Acceptal	ole)		7
				83		······································		<u> </u>	7
				B4 Ci	ity		85	Zip Code	-
D. D.	10-1-207.010	1007 4500 Fleside Disk					FL "		_
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of im familiar with, and accept the obligat	and 607.1508, Florida Statut of Florida. Such change was	tes, the authoriz	above-na zed by the	mea corpo corporati	oration submits this statement for the p on's board of directors. I hereby acce	ourpose of chang of the appointmen	ing its registered at as registered	
agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida St	latutes.			.,	_	
SIGNATURE	Signature typed or printed name of registered agen	and little if pophcable (NO)	IF Receip	red Anent sin	met ve remite	id when reinstating)	DATE		1
12.	OFFICERS AND	······································	13		majore rodona	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	_ g
TITLE	PTD	☐ DELETE		TITLE			Cha		- g
NAME	ZAPPO, GARY F		1.2	NAME	1				5
STREET ADDRESS	605-8 AUGUSTA BOULEVARD		1.3	STREET ADD	ress				Ì
CITY-ST-ZP	NAPLES FL 33962		1.4	CITY - ST - ZIF	·				ြင်
TITLE	VSD	☐ DELETE	21	TITLE	ļ		☐ Cha	enge	9
NAME	ZAPPO, JUDITH ANN		2.2	NAME	1				
STREET ADDRESS	605-8 AUGUSTA BOULEVARD		2.3	STREET ADDR	RESS				
C-11Y - S1 - 7IP	NAPLES FL 33962	Dourse		4 CITY - ST · ZI	P			1.420	4
TITLE		DELETE		TITLE)		[_] Cha	ange L. Addition	
NAME STREET ADDRESS			1	name Street addi	ecce				
CITY-S1-ZIP				. City-St-Zii	J				1
TITLE		DELETE		TITLE	' - 	······································	Cha	ange Addition	\exists
NAME		-		2 NAME	- 1				1
STREET ADDRESS			4.3	STREET ADDI	RESS				-
CHY+ST-ZIF			4.4	CITY-ST-ZIF	, [
TITLE		☐ DELETE	5.1	TITLE			Cha	ange Addition	7
NAME			52	NAME	ļ				
STREET ADDRESS			53	STREET ADD	RESS				
CITY - S1 - ZIP				CITY - ST - ZIF	<u> </u>				_
TITLE		DELETE	•	TITLE			☐ Cha	ange	1
NAME			- 1	NAME]				
STREET ADDRESS			6.3	STREET ADD	RESS				
CHY-S1-78	by coelify that the eformation a solice	with this filing does not avail		CITY - ST - ZIF		in Caption 110 07/21/i) Florida Statute	a Husbac ac di	that the	4

roo 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: