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

Mailing Address

2100 CRAYTON ROAD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2100 CRAYTON ROAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085547 (4)

AMERIGO MANAGEMENT CORPORATION

NAPLES FL 33940		NAPLES FL 34102-5027							
						Date Incorporated or Qualified 11/03/1995	3a. Date of Last Re 03/05/1996	port	
2. Principal P	lace of Business	2a. Mailing Address			144 110,000	4. FEI Number	Ap.	plied For	
21		26				APPLIED FOR F 65	16/8254 No	Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required			
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zφ	Country	Zip	C	ountry		B. This corporation has liability for in	ntangible tax under s.	199.032,	
24	25	29	30				Yes No		
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	jistered Agent		
KALI	MANS, AMY E			81	Name				
2100 CRAYTON ROAD				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940				100	Olloc: Madre	33 (1.0. Box Homber is Not Absorption	10)		
**				83					
				1-1			1-1 - 7		
				84	City		FL 85 Zip (ode	
agent La SIGNATURE						ration submits this statement for the p in's board of directors. I hereby accep			
	Signature typed or punted name of registered agr				nt signature required	when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	C IN 1 1 C	
12.	PD OFFICERS AN	ID DIRECTORS DELE	13	TITLE		ADDITIONS/CHANGES TO OFFIC	Change	S IN 12 Addition	
THE	KALMANS, SID S						Lij trialige	Addition	
NAME	2100 CRAYTON ROAD			1.2 NAME					
STREET ADDRESS	NAPLES FL 33940		2 '	1.3 STREET ADDRESS					
CHTY+ST-ZIF		DELE	***	CITY-ST	- ZIP		Change	Addition	
TIT, E	STD	L., DELE		2.1 TITLE			Citalitie	L MOUSIUM	
NAME	KALMANS, AMY E			NAME					
STREET ADDRESS	2100 CRAYTON ROAD		***		ADDRESS				
CHY-S1-ZIF	NAPLES FL 33940			CITY-S	T-ZIP			1 4 100	
THLE	VTD	☐ DELF	- I	3.1 TITLE			Change	Addition	
NAME	FERGUSON, ERIN		3.2	NAME					
STREET ADDRESS			3.3	3.3 STREET ADDRESS					
CITY ST ZIP	NAPLES FL 33964			CITY-S	T-ZIP		······································		
TITLE		DELE	TE 4.1	TITLE			Change	Addition	

14. Loo 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 applied in Block 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZIP

CHY-\$1-7 P

THUE

NAME

TITLE

NAME

CRATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

DELETE

DELETE

4/14/97 941-261-4485

Change

Change

Addition

Addition

FILED

Apr 18 1997 8:00am

Secretary of State