SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	AL REPORT 996	Secreta DIVISION OF C	ry of State CORPORA		48					
DOCUM 1. Corporation	1ENT # P95000	0087408 (7)								
	SCAPE, INC.									16(1) (68) 6(6) 63 64 6 (6)
N. NOCE	00/4 L) 1110.					ľ				
Principal Place	of Business	Mailing Address					1 110 11 00 1 11	u 1070: 07111 00111 60		INITE INDIE OF THE MOTER TO IT INDIE
2828 COUNTY BARN ROAD 2828 COUNTY BARN ROAD						Į				
NAPLES FL 335		NAPLES FL 33962	NAPLES FL 33962							
							11/13/19	oorated or Quali 995		Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address					4. FEI Numbe	-066-	5245	
Suite, Apt #	, etc.	Suite Apt #, etc					5. Certificate	of Status Desire	d ⊠	\$8.75 Additional Fee Required
22		City & State					€ Flootion Ca	ımpaign Financi		\$5.00 May Be
City & State		28						Contribution	a 🗀	Added to Fees
Z ip	Country	Zip	Cov	intry						ible tax under s. 199.032,
24	25	29	30	т		L	Florida Sta	tules Address of Ne	Yes w Register	
	9. Name and Address of Curre	nt Hegistered Agent		81	Name		TO, Hame dive			<u> </u>
FRANK, ANN T					Street	Address	s (PO Box Nur	mber is Not Acc	eptable)	
1842 AIRPORT ROAD SOUTH					Street 7		3 (1.0 00			
NAF	PLES FL 33962			83						·
				84	City					FL 85 Zip Code
	o the provisions of Sections 607.05	00 and 607 1509 Floods State	ites the a	hove	named (corpora	ition submits th	is statement for	16	e of changing its registered
11. Pursuant t office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with land accept the obli	a of Florida Such change was a of Florida Such change was actions of Section 607 0505. F	authorize Iorida Stat	d by	the corp	oration	s board of dire	ctors. Thereby a	ccept the a	appointment as registered
1	m tamiliar with land accept the cong	gations of, Section 607.0000.7	icinati ora							
SIGNATURE	Stgeature, typediociproted carear of registered a	J. 10 42 47 47					when re-instaling)	VOLIANCES TO	DEELCE BS	AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS DELETE	13.	TITLE		60	ADDITIONS	PASKY-	OT TOLIO	Change Addition
TITLE	D			NAME		Su	SAN D	L'ASKY-	Jese	201(a_
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TITLE	D	DELETE	21	THILE						Change Addition
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NAME					(ADDRESS	[
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CITY-ST-ZIP TITLE		DELETE		HILE						Change Addition
NAME			, 62	MAM ?	F					
STREET ADDRESS			6	STRE	ET AOORESS	s				

64 City-S1-ZiP

14. I do hereby certify that the information supplied with this filling 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 further certify that I am an officer or director of the corporation or the receiver or trustoc empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or or an attackment with an address me \$ 1996 732-8810

Sec.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCETOR

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