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 # P95000087408 (7)

A. ABLE SCAPE, INC.

Principal Place 2828 COUNTY I NAPLES FL 339	BARN ROAD	Mailing Address 2828 COUNTY BARN RO/ NAPLES FL 34112-5436	2828 COUNTY BARN ROAD		1 SERVICEN HE ISINI DISH CONH FORKS OD	111 OBJAD 18071 TOBIL BUBIL BUBIL NAH 1866
					3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 06/18/1996
· · · · ·	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			56-0665245	Not Applicable \$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	├¬ ´		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	26 7in	Count		Trust Fund Contribution	Added to Fees
24	Country Zip Cc 25 29 30		Countr	Niry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Cu		30		10. Name and Address of New F	
	NK, ANN T		8	Name		
1842		83	82 Street Address (P.O. Box Number is Not Acceptable)			
NAPI	LES FL 33962		83			
				<u>'</u>		
			84	City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida State	ites, the above	/e-named	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing its registered
agent. Fa	egistered agent of both, in the 5 im familiar with land accept the o	bligations of, Section 607.0505, F	lorida Statute	ny the corp as.	bration's board or directors. I hereby acc	ept the appointment as registered
SIGNATURI						
12.	Signation: typical or printed name of registeral OFFICERS	AND DIRECTORS INC	13,	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE
1 111	\$	DELETE	1 1 101 5		DRESIVENT	Change Addition
NAME	LASKY, SUSAN D		1.2 NAME		JAMES J. Jesella 2828 County Barn	20
STREET ADORESS	2828 COUNTY BARN DR		1.3 STREE	T ADDRESS	2828 COUNTY BARN	RX
CITY-ST-ZIP	NAPLES FL		1.4 CITY-	ST-ZIP	NAPLES, FL 34112	
TITLE	D TAKED TOLL	L DELETE	2.1 TITLE		•	Change Addition
NAME	STAKER, TOM	•	2.2 NAME			
STREET ADDRESS	2828 COUNTY BARN ROAD NAPLES FL 33962			T ADDRESS		
CHY-SI-ZIP TITLE	1) -05 . 1 44-4-	☐ DELETE	2. 4 CITY 3.1 TITLE	·ST-ZIP		Change Addition
NAME	James J Jesell 1878 Company Pr 100 ples ET 34	ر. ۱۱ ا	3.2 NAME			Change C Adoldon
STREET ADDRESS	3838 COULTY D	amfel		T ADDRESS		
C:TY - ST - ZiP	Nobles FL 34	112	3.4. CITY	· I		
TILLE	\ * - \ {*	DELFTE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	.		
STREET ADDRESS			4.3 STREE	7 ADDRESS		•
CHY+SI+7IF			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			L. Change L. Addition
NAM6			5.2 NAME			
STREET ADDRESS				T ADDRESS		
City St-ZiP Title		DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP		Change Addition
NAME			6.2 NAME	}		C Overibe C Modificit
STREET ADDRESS				T ADDRESS		
CITY-SI-ZIP		Ω_{\bullet}	6.4 CITY-	ST-ZIP		
14. Ldo herel	y certify that the information supp	plies with his filing does not qua	lify for the ex-	emption sta	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg sport as required by Chapter 607, Florida	tes. I further certify that the
Lani an of Lappears in	m Indicated on this annual repor- flicer of director of the Zorportal n Block 12 of Block 16 if change	or the receiver or trustee empo d, of his an attachment with an as	wered to exe dress.	cute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	jai effect as it made under oath; that Statutes; and that my name

SIGNATURE:

FILED

Apr 02 1997 8:00am

Secretary of State