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 # **P95000089576** (9)

FILED Jan 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2108 LAGUNA WAY NAPLES FL 33942-7111 NAPLES FL 34109-7111							3. Date Incorporated or Qualified 3a. Date of Last Report				
							11/16/1995		21/1996	1epon	
2. Principal Place of Busin	├ ──┐	2a. Mailing Address				4. FEI Number 65-0631522			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Required		
City & State	City & State	City & State				6. Election Campaign Financing	\$5.00 May Be				
23		28					Trust Fund Contribution			to Fees	
Zıp	Country	Zip	Co	untry	/		8. This corporation has liability for it			s. 199.032,	
24	25	29	30	·	,			Yes			
	and Address of Curre	ent Registered Agent		1	r		10. Name and Address of New Re	lstered .	Agent		
GISSELBECK, F				81	Name						
2108 LAGUNA WAY NAPLES FL 33942-7111				82	Street	Addres	ss (P.O. Box Number is Not Acceptab	e)			
144 CEO 1 E 000	716 7 111			83	<u> </u>						
				84	City				85 Zip	Code	
				04	City			FL	195 Zip	Code	
12.		PRECTORS DEL	13.		ent signature	required	when renstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO Change	RS IN 12	
	CK, R. PETER		1	AME							
NADICO	iuna way Fi				ADDRESS						
CITY-ST-ZIP NAPLES I		DEL			ST-ZIP				Change	Addition	
NAME			I	IAME							
STREET ADDRESS			2.3 \$	TREE	T ADDRESS	•					
CITY - ST - ZIP		······································			ST-ZIP						
TITLE		☐ DEL]			L Change	Addition	
NAME				IAME Voca	1 1000000	Ì					
STREET ADDRESS					i address St-Zip						
DITY: ST-ZIF		DEL		TLE	U1-211	 			Change	Addition	
NAME			4. 2	NAME		ĺ					
STREET ADDRESS			4.3 5	TREET	ADDRESS	ļ					
CHY-ST-ZIP				OTY-S	ST • ZiP	ļ					
THLE		☐ DEL	1	HTLE		}			Change	Addition	
NAME				MAME							
STREET ADDRESS			1		T ADDRESS	}					
CHTY - ST - ZiF'		DEŁ			ST-ZIP	<u> </u>			Change	☐ Addition	
TITLE		FT DEC	4	MLE		1			Change	L. AUGINOR	
NAME ATTECH ADVISED				VAME	T ADDOCCO						
STREET ADDRESS					T ADDRESS						
CITY - \$1 - ZIP					ST-ZIP	ل	in Section 119.07/3ViV Florida Statute				

r do necesy certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(f), 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 frustee 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.

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