## 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 # **P95000093623 (3)**

## **RUNI CORPORATION**

Principa' Place of Business Mailing Address												
1318 LAFAYETTE STREET CAPE CORAL FL 33904  1318 LAFAYETTE STREET CAPE CORAL FL 33904-977				0								
								3. Date Incorporated or Qualified 12/07/1995	3a. Date o		eport	
2. Principal P	lace of Business	2a. Mailing	Address			· · · · · · · · · · · · · · · · · · ·		4. FEI Number	<del> </del>		plied For	
21		26						65-0626206			t Applicable	
Suite, Apt 22		27						5. Certificate of Status Desired	\$	8.75 A Fee Re	Additional equired	
City & Stat	e	· · · · · ·	City & State					6. Election Campaign Financing			May Be	
<b>23</b> Žip	Country	28 Zin	Zip Country					Trust Fund Contribution		Added t		
24	25	29	— <u>}</u> -					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre							10. Name and Address of New Registered Agent				
HILL	, THOMAS W				81	Nan	ié		<u> </u>			
	LAFAYETTE STREET				82			70.0				
	E CORAL FL 33904					Stre	et Addre	ess (P.O. Box Number is Not Acceptable)				
					83							
					84				12.			
					04	City			FL  84	5 Zip C	Jode	
11. Pursuant	to the provisions of Sections 607,05	02 and 607.1508, I	Florida Statute	s, the al	OOVE	e nami	d corpo	ration submits this statement for the pon's board of directors. I hereby accept	urpose of cha	nging its	s registered	
agent La	im familiar with, and accept the obliq	gations of, Section	607.0505, Flo	rida Stat	utes	rune c 3.	orporadic	on a board of directors. I hereby acce	ot the appointr	nent as i	registerea	
SIGNATURE												
- 10	Stignature, typics or printed name of registered as		INOTE		d Age	engia Inc	ure require	d when reinstaling)	DATE			
12.	OFFICERS AND DIRECTORS		DELETE	13.			<del></del>	ADDITIONS/CHANGES TO OFFIC				
TITLE NAME	D   Niederle, Walter	L			1.1 TITLE 1.2 NAME				L.J	Change	Addition	
STREET ADORESS	1318 LAFAYETTE STREET					ABBBCO						
CITY: ST-ZIP	CAPE CORAL FL 33904					ADDRES	٥					
III(f	ST		DELETE	2.1 10		T-ZIP				Change	Addition	
NAME	HILL, THOMAS W.	_	Vecere	2.2 N/					لسبيا	unango	CT VOUITOR	
STREET ADDRESS	1318 LAFAYETTE STREET					ADDRES						
CHY-ST-ZIP	CAPE CORAL FL					ADUNES ST-ZIP	<b>"</b>					
TITLE			DELETE	3.1 TI		y) - KII				Change	Addition	
NAMf		-		3.2 N/						•	'	
STREET ADDRESS				3.3 ST	REET	ADDRES	5					
CITY-ST-ZIP				3.4. D	IY-S	ST-ZIP						
THTLE			DELETE	4.1 1)	ILE					Change	Addition	
NAMí				4.2 N	AME							
STREET ADDRESS				4.3 \$1	REET	ADDRES	s					
CHY-ST-ZIP				4.4 Cf	TY-\$	T-ZIP						
TITLE		Ĺ	DELETE	5.1 11	TLE					Change	Addition	
NAME				5.2 NA	ME						-	
STREET ADDRESS				5.3 ST	REET	AODRES	s					
C/TY - ST - ZIP			1 55. 5-5	5.4 Cf	_	T-ZIP						
1111.F		L	DELETE	6.1 TO						Change	Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRES	s l					

6.4 CITY-ST-ZIP

14. I do 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.

**FILED** 

May 09 1997 8:00am

Secretary of State