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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

		JAL REP 1 998	ORT	Secretary of State DIVISION OF CORPORATIONS				NS	Secretary of State				
DOCUMENT # P95000093623 (3) RUNI CORPORATION													
		UNFUNA											
Principal Place of Business Mailing Address										1119 (8198 1	neid deite tibl	10 1011 10 0 1	
	318 LAFAYET			1318 LAFAYETTE STREET									
١ ٢	APE CORAL	PL 33504		CAPE CORAL FL 33904					DO NOT WRITE IN	THIS SF	ACE.		
									3. Date Incorporated or Qualified				
Ļ	Data da al D			-1.2" -47-0					12/07/1995				
2. 21	Principal M	į.			2a. Mailing Address				4. FEI Number		——————————————————————————————————————	plied For t Applicable	
21	Suite, Apt. #, etc.				Suite, Apt #, etc.				65-0626206		\$8.75 A		
22				27	— -				5. Certificate of Status Desired	J	Fee Re		
	City & State	θ	"	City & Sta	City & State				6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution		Added t		
_	Zip	<u> </u>				Country			8. This corporation owes or has paid t				
24		A Name	25 and Address of Current	29 Registered Agen	30				Personal Property Tax due June 30 10. Name and Address of New Regis] No	
 	Lini		//	Tiogram Tiget		81	ī	Name	10. Hallo and Adolose of the Hogis	to ou n	,	·	
HILL, THOMAS W 1318 LAFAYETTE STREET							2	Ctroot Adde	ess (P.O. Box Number is Not Acceptable)				
CAPE CORAL FL 33904						82 Street Add			ess (F.O. Box Number is Not Acceptable)				
							3						
							4	City			85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							1			<u>FL</u>			
11	office or re	egistered ag	jent, or both, in the State i	of Florida. Such of	range was author	prized b	oy ti	named corpo he corporati	oration submits this statement for the purp ion's board of directors. I hereby accept the	ose or c ne appoi	nanging its ntment as	s registered registered	
	•	m t am ılıar wi	ith, and accept the obliga	tions of, Section 6	07.0505, Florida	Statute	es.						
SI	GNATURE	Signature, typed	or printed name of registrated agen	Land title if applicable.	(NOTE: Reg	stered Ag	gon:	signature require	ed when reinstating)	DATE			
12			OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICER				
TITI	ľ	D		П	DELETE	1.1 TITLE				L	Change	■ Addition	
NAJ			LE, WALTER			1.2 NAME							
	EET ADDRESS		FAYETTE STREET		ı	1.3 STREE							
titi	Y-ST-ZIP	ST CAPE U	ORAL FL 33904		DELETE	1.4 CITY - 2.1 TITLE		ZIP			Change	Addition	
NAI	ť		IOMAS W.		1	2.2 NAME		l		_	onange	L Rodition	
ľ	LEET ADDRESS		FAYETTE STREET			2.3 STREE		DDRESS					
	Y-ST-ZIP		ORAL FL			2. 4 CITY-							
TITI						3.1 TITLE				Ĺ	Change	Addition	
NAF	AE Í				[3.2 NAME							
STR	EET ADDRESS				1	3.3 STREE	[] AC	ODRESS					
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	EET ADDRESS					4.3 STREE 4.4 CITY -						i	
TITI	Y-ST-ZIP Æ					9.4 CITY -: 5.1 TITLE		LIF		Т	Change	Addition	
NAM	}					5.2 NAME				-	····		
	EET ADDRESS					5.3 STREE		ODRESS					
CIT	Y-ST-ZIP					5.4 CITY-	ST-	ZIP					
TITL	.E				DELETE	6.1 TITLE					Change	Addition	
NAN	AE				1	6.2 NAME							
STR	EET ADDRESS					6 3 STREE	ΤΑΩ	DDRESS					

14. Thereby 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 suppliemental 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 changes. If on an attachment with an address

FILED

May 18 1998 8:00am