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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094978 (0)

FILED May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3520 13TH AVENUE S.W. NAPLES FL 33964 Mailing Address Mailing Address								
					3. Date incorporated or Qualified 12/12/1995		te of Last I)1/1996	Report
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	00/0		pplied For
1		26			65-0627260			lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	···		5. Certificate of Status Desired		\$8.75	Additional lequired
City & Sta	te	City & State		·····	6. Election Campaign Financing) May Be
3		28			Trust Fund Contribution			l to Fees
Zφ	Country	Zip	Countr	ry	8. This corporation has liability for	intangible t		
4	25	29	30		Florida Statutes	Yes 🔀	No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
SPENIK, CHARLES 3520 13TH AVENUE S.W.			[81	1 Name				
			82	2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
NAI	PLES FL 33964							
			83	3				
			84	4 City			85 Zip	Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida. Such change was	utes, the above	ve-named corp by the corporal	poration submits this statement for the p	FL ourpose of pt the appo	changing ointment a	its registered s registered
agent L SIGNATURE	am familiar with, and accept the oblig	ent and title it applicable (NO	utes, the above authorized beforida Statute	es.	ired when reinstairig)	Durpose of pt the appo		
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4. 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/22/97 941-999-6439