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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE!



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600001191 (1)

	ON BAY CA											
	lace of Busine	55		Mailing Address				1 14411411 110 10110 01111 40	16 <b>82</b> 111 621	<b>        </b>		
630 TARPON BAY ROAD SUITE 1				630 TARPON BAY ROAD SUITE 1								
SANIBEL FL 33957 SANIBEL FL 33957-31					ô							
								3. Date Incorporated or 01/04/1996	Qualified	3a. D	ate of Last i	Report
2. Principa	a <sup>i</sup> Place of Bus	iness	2a.	Mailing Address				4. FEI Number	11.1	70	I A	pplied For
21		.,	26					65-06	106	/	<del></del>	ot Applicable
	\pt. #, etc		├ <b>-</b> ¬	Suite, Apt. #, etc.				5. Certificate of Status D	esired			Additional equired
22 City & S	State		27	City & State				6. Election Campaign Fi	ancina	<del></del>		May Be
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Zip		Country		<b>Ζ</b> φ	Count	try		8. This corporation has I			tax under	
24		25	29		30			Florida Statutes			□ No	·
		e and Address of Cu	irrent Registi	ered Agent		1 Nan		10. Name and Address of	New H	egisterea	Agent	
	HOMPSON, L				Ľ							
	95 tarpon i Uite 4	BAY KUAU			6	2 Stre	et Addr	ess (P.O. Box Number is Not	Accepta	ble)		
	ANIBEL FL 3	2057			8	13						
C,	MINDELIES	3801				1						
					[8	14 City	1			FL	<b>85</b> Zip	Code
11. Pursua office /	ant to the provi or registered a	isions of Sections 607 agent or both, in the S with, and accept the c	.0502 and 60 State of Florid	7.1508, Florida Sta	atutes, the abo	ove-nam	ed corp	oration submits this statement	nt for the eby acce	purpose o	of changing pointment a	its registered s registered
agent	r sici ramilla, 7	with, and accept the c	obligations of,	Section 607.0505,	, Florida Statu	tes.	o po de	iors could of directors. The				
agent SIGNATUR	RE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							DATE		
	RE	ert or printed name of registers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lappicable. (				ed when reinstating)  ADDITIONS/CHANGES		DATE		
SIGNATUH	Signature, type	ed or printed name of registers OFFICERS	red agont and title. I	Lappicable. (	(NOTE Registered /	Agent signs		ed when reinstating)		DATE		
SIGNATUR	Signature, type PSTD THOMPS	of or parties name of registers OFFICERS	ed agent and tile ( S AND DIREC	Lappicable. (I	NOTE Registered /	Agent signa		ed when reinstating)		DATE	D DIRECTO	RS IN 12
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