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

	MENT # P96000 TH W. BACKSTRAND & ASS				88/11 88/86 HE 18 418 11 14/8 HE 18 18
Principal Place of Business		Mailing Address			7 844 0010 1 4 018 4866 10100 411 (87)
24 WINEWOOD COURT FORT MYERS FL 33919		24 WINEWOOD COURT FORT MYERS FL 33919-7543			
				3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		65-0634306	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζψ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Yes No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered'Agent
	KSTRAND, KENNETH W		Name		
	MINEWOOD COURT		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
FUR	IT MYERS FL 33919		83		
			84 City		FL 85 Zip Code
11. Pursuánt	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the above-named corr	poration submits this statement for the c	ourpose of changing its registered
office or	registered agent, or both, in the State	e of Florida, Such change was	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as registered
	Drawell -	gations of, decign borloads, r	-		Halon
SIGNATURE	Sypature: typed or printed name of any steeds ag	ent and title if applicable (NC	TE: Registered Agent signature requi	ired when reinstating)	DATE
12.	1	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
T.TLF	PD PAGEOTOTANO LENGUETIAN	☐ DELETE	1.1 TITLE		Change Addition
NAME	BACKSTRAND, KENNETH W		1.2 NAME		
STREET ADDRESS	24 WINEWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FORT MYERS FL 33919	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAM:	BACKSTRAND, KENNETH W	L. DELETE	2.1 TITLE 2.2 NAME		C Angula C vannall
STREET ADDRESS	AL WILLIE WAAR GOLIEF		2.3 STREET ADDRESS		
C-1Y - ST - ZIP	FORT MYERS FL 33919		2.4 CITY-ST-ZIP		
THE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZP		A. L. 140 -	3.4. CITY - ST - ZIP		
TIME		☐ DELETE	4.1 YITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ACCURESS			4 3 STREET ADDRESS		
CITY - ST - ZiF		DELETE	4.4 CITY-ST-ZiP		Change Addition
HILE		LJ UELETE	5.1 TITLE		Change Addition
NAME E DOME LANDOS CO			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY-S1-769			ELDITY OF NO		Į.
1171.6		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME		DELETE	5.4 CiTY-ST-ZIP 6.1 TiTLE 6.2 NAME		Change Addition

6.4 CITY - ST - ZIP

SIGNATURE:

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 3 if changed, or on an attachment with an address.

FILED

Apr 15 1997 8:00am

Secretary of State