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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Montilara

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000014034 (8)

FILED May 19 1997 8:00am Secretary of State

Principal Place of Business 3831 E TAMIAMI TRAIL NAPLES FL 33942	Mailing Addres 3831 E TAMIAMI NAPLES FL 3411	TRAIL				
				3. Date fricorporated or Qualified 02/12/1996	3a. Date of Las	t Report
2. Principal Place of Business	2a. Mailing Ad	dress		4. FFI Number	·	Applied For
Suite, Apt. #, etc.	[26]	# ata		↓ ¥5		Not Applicable
22	Suite, Apt	m, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State	3	V	6. Election Campaign Financing		0 May Be
23	28			Trust Fund Contribution		d to Fees
Zip Co	untry Zip	er e ag	puntry	8. This corporation has liability for in	ntangible tax undo	rs 199.032,
24 25	29	30			Yes No	
9, Name and Ac RICHARDSON, KEVIN	Idress of Current Registered Agent		81 Name 4	10. Name and Address of New Re		
1551 FORUM PL #300 West Palm Beach F			1001	Alen A. Larson assift of the Number is Not Acceptable North Collins are 1512 vd		p Code
12. TITLE D RAME GRANT, JOHN		DELETE 1.1	red Agent signature requi TITLE NAME	reo when reinstating) ADDITIONS/CHANGES TO OFFIC	DAT ERS AND DIRECT Change	
STREET ADDRESS 3831 E TAMBAN	TRAIL	1.3	STREET ADDRESS			
CITY-ST-ZIP NAPLES 51 339			CITY-ST-ZIP		Chana	A Addition
NAME CIANFERO, JOS	•	- I	TILLE NAME		L_J Chang	e L Addition
STREET ADDRESS 3831 E TAMIAM			STREET ADDRESS			
CITY-ST-ZIP NAPLES FL 339			CHY-SI-ZIP			
TITLE D			TITLE		Chang	e 🔲 Additio
NAME HUBBARD, ANN		3.2	NAME			
STREET ADDRESS 3831 E TAMILAN		33	STREET ADDRESS	· ·		
CITY-ST-ZIP NAPLES FJ 339			CITY-ST-ZIP			
TITLE	v ""		TITLE	PRES ROSE MARIE (1 POBOX 1339 IARCO IS, FL	Chang	e X Addition
NAME			NAME V	JOSE MAKIE SI	ANFERO	٠ ر
STREET ADDRESS		1	STREET ADDRESS	1334	21111/	
CITY-ST-ZIP			City-St-zip /Y	MKCO 15, FK	24146	
TITLE			TILE		Chang	e [] Addition
NAME			NAME			
STREET ADDRESS		1	STREET ADDRESS			
CITY-SI-ZIP			CHY-ST-ZIP		Chang	e Addition
TITLE	LJ	4	MILE			e [""] WOOIGO
NAME OYOGET ADODGGG			NAME			
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP	ormation supplied with this filing doc		CHY-ST-ZIP			

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 eath; 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 planned, or on an attachment with an address.