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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

1997

NAM:

STREET ADDRESS

SIGNATURE:

DIVISION OF CORPORATIONS

1	JMENT # P9600(MA DOJO BUILDING, INC.	0016737 (4)								
Principal Place of Business Mailing Address						a industrate ato costa della nable anni dalli anni		1991 1800 00 1771	r jugar juga	
1888 - 40TH TERRACE S.W. 1888 - 40TH TERRACE S.W. NAPLES FL 34118-6030			V.							
						3. Date Incorporated or Qualified	3a. Da	te of Last I	Report	
9 Principa	l Place of Business	2a, Mailing Address				02/22/1996 4, FEI Number		- 1 TA	pplied For	
21	Trigge of Gasiness	<u> </u>	26			65-0655654	1		ot Applicable	
S⊯te, Ap	pt. #, etc.	Suite, Apt. #, etc.				1		\$8.75 Additional		
22		27				5. Certificate of Status Desired		Fee F	equired	
City & SI	Late	City & State				6. Election Campaign Financing			May Be	
23	Country	28 Zip	Cou	nter					to Fees	
Zip 24	Country 25	29 Z (P	30	nu y		8. This corporation has liability for int	iangible Yes		s. 199.032,	
[44]	9, Name and Address of Curre		1301			10. Name and Address of New Regi				
, HA	ARDT, FREDERICK A ESQUIRE	***************************************		81	Name					
801 LAUREL OAK DRIVE				82	Street Addr	ess (P.O. Box Number is Not Acceptable	1)		······································	
. SU	JITE 705		Į		DI COL FIGUR	DOS (110) DON THOMBOT TO THOM THOOPERDIE	,			
- SU	INTRUST FL 33963		ĺ	83						
			}	84	City		P= f	85 Zip	Code	
					·		FL			
office agent.	r registered agent, or both, in the Sta I am familiar with, and accept the obli I	e of Florida, Such change was gations of, Section 607.0505, F	authorized Iorida Stati	d by utes.	the corporat	oration submits this statement for the pulion's board of directors. I hereby accept	the app	ointment a	s registered	
40	Signature, typed or printed name of registered a	gent and title if applicable (NO ND DIRECTORS	TE: Registered	1 Ager	nt signature requir	red when re-instating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND	DIRECTO	DC INI 12	
12.	I PD	DELETE	1.1 [1]	Γι F	Г	ADDITIONS/CHANGES TO OFFICE	US AINT	Change	Addition	
NAME	ORTINO, VICTOR P		1.2 NA	-	}					
STREET ADDRES	JANA JASTI TENNANE AND				ADDRESS					
CITY - ST - ZIP	NAPLES FL-00941 34	116	1.4 00	TY-\$T	r-ZIP					
TRILE	VD	DELETE	21 117					Change	Addition	
NAME	HERWICK, ROBERT C		2.2 NA	ME						
STREET ADORES	ss 1888 - 40TH TERRACE S.W.		2.3 ST	REET	ADDRESS .	4_ *				
CITY - ST - ZIP	NAPLES FL-33041 34/	16 m	2.40		T-ZIP			T 6:	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
filet	TD	DELETE	3.1 TIT	-				Change	Addition	
NAME OTOGET ADDRESS	MAZEROSKI, MARY O 1888 - 40TH TERRACE S.W.		3.2 NA		4000000	•				
STREET ADDRES		1/0			ADDRESS					
CITY-S1-7P	NAPLES FL-83041- 3 4/1	₽ □ DELETE	3 4. CI 4.1 TH		1-211			☐ Change	Addition	
NAME	MELONEY, RICHARD D	the second of th	4. 2 N							
STREET ADDRES	4444 4471 TORRAGE ALL		- 1		ADDRESS					
CITY-ST-ZIP	NAPLES FL-83941 3 4	116	4.4 CI		1					
III.E		DELETE	5.1 TIT		***			Change	Addition	
NAME.			52 NA							
STREET ADDRES	ss				ADDRESS					
CITY-ST-ZIP	-		5.4 CI							
TITLE		DELETE	6.1 (1)					☐ Change	Addition	

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not entirely 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 add execute 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 employee and the 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 address.