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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017383 (6)

Principal Place of Business Mailing Address 13451 MCGREGOR BLVD SUITE 28 FT MYERS FL 33919 Railing Address 13451 MCGREGOR BLVD SUITE 28 FT MYERS FL 33919-5923								
						3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last	Report
2. Principal F 21	Place of Business	<u>⊢</u> ,	2a. Mailing Address			4. FEI Number 65-0636052	-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Required
City & Stat	le	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
7ip Country 25		Z(p 29	Country			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes No No		
511	9, Name and Address of Cui			<u> </u>	·	10. Name and Address of New Re	gletered Agent	
TOM	IASI, GEORGE			81	Name			
13451 MCGREGOR BLVD SUITE 28 FT MYERS FL 33919				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				83	83			
					City		FL 85 Zip	Code
office or agent. La SIGNATURE	Opening typed or pured name of registerer OFFICERS	d agent and title if applicable AND DIRECTORS	SU (NOTE			poration submits this statement for the ption's board of directors. I hereby acception's hereby acception and the properties of the proper	DATE CERS AND DIRECTO	DRS IN 12
TITLE	D DELET		J DELETE	1.1 TITLE			Change	Addition
NAME Experies a record co	TOMASI, GEORGE 13451 MCGREGOR BLVD S	LIITE 98		1.2 NAME	ADDRESS .			
STREET ADDRESS COLY: ST-205	FT MYERS FL 33919	NL 20		1.3 STREET ADDRESS 1.4 City-St-Zip				
TILE		Ľ	DELETE	2.1 TITLE			Change	Addition
NAME				22 NAME)			
STREET ADDRESS				2.3 STREET	i			
CHY-S1-ZIP		Г	DELETE	2.4 CITY-5	ST-ZIP		Change	Addition
NAME		_		3,2 NAME	1		Charles Charles	- 100mm
STREET ADDRESS				3.3 STREET	ADDRESS			
COLV-ST ZIP			1 557 555	3.4. CITY - S	ST-ZIP			
THE	}	L	DELETE	4.1 TITLE	ļ		Change	Addition
NAME STREET ADDRESS				4. 2 NAME 43 STREET	ADDOCCO			
CITY - ST - 7IP				4.4 CITY-S	Į.			
TILE			DELETE	5.1 TITLE	-		☐ Change	☐ Addition
NAME				5.2 NAME	1			
STREET ADDRESS				5.3 STREET	ADDRESS			
City-ST ZiP			T per eve	5.4 CITY-S	T-ZIP			TT
TITLE		L	DELETE	6.1 TITLE			☐ Change	Addition
NAME OFFICE APPROPRIE				6 2 NAME 6 3 STREET	ADODECC			
STREET ADORESS				63 SIREE				

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 13 or changed, or on an attachment with an address.

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 941-433-3388

FILED

May 05 1997 8:00am

Secretary of State