

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

**FILED**

**Apr 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000019834 (6)**  
1. Corporation Name  
**ACCURATE MACHINE OF LEE COUNTY INCORPORATED**



Principal Place of Business <b>2574 ROCKFILL ROAD FORT MYERS FL 33916</b>	Mailing Address <b>2574 ROCKFILL ROAD FORT MYERS FL 33916-4824</b>
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3. Date Incorporated or Qualified <b>03/04/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0630205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent  <b>HINO, ROXANNE M ESQ. 1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	NAME <b>LAPIKAS, JOSEPH W</b>	1.1 TITLE
STREET ADDRESS <b>1428 VIKING COURT</b>	CITY-STATE-ZIP <b>CAPE CORAL FL 33904</b>	1.2 NAME
TITLE <b>VD</b>	NAME <b>GOSLIN, DAVID L</b>	1.3 STREET ADDRESS
STREET ADDRESS <b>10931 MEADOWLARK COVE DRIVE</b>	CITY-STATE-ZIP <b>FORT MYERS FL 33908</b>	1.4 CITY-STATE-ZIP
TITLE <b>STD</b>	NAME <b>PETERS, JIMMY L</b>	2.1 TITLE
STREET ADDRESS <b>229 NW 1ST PLACE</b>	CITY-STATE-ZIP <b>CAPE CORAL FL 33909</b>	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS
STREET ADDRESS	CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Lapikas* **REQUIRED** **3/31/97** **941-337-7372**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)