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 # P96000034370 (2)

AGUIRRE, BECK & WALKER, INC.

Principal Place of Business	Mailing Address	
17440 CONNECTICUT ROAD FT MYERS FL 32212	17440 CONNECTICUT ROAD FT MYERS FL 33912-2805	

FILED May 07 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1996						
2. Principa! F	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For	
21		26				65-06557	43	N	ot Applicable	
Suite Apt. #, etc Suite, Apt. #, etc. 22 27					6. Certificate of Status Desired		\$8.75 Additional Fee Required			
F		City & State	late			Election Campaign Financing Trust Financing		\$5.00 May Be Added to Fees		
7ip	Country	Zip	Coun	itry	+	Trust Fund Contribution			 	
24	25	29	30				Yes 🗀	No	. 199.032,	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	pistered Ag	ent		
	irre, aribel			B1	Name					
17440 CONNECTICUT ROAD			1	B2	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)			
FT M	FT MYERS FL 32212			83						
<u></u>				B4	City		FL	'	Code	
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida. Such change was a nons of, Section 607.0505, Flo	s, the about uthorized rida Statu	ove by ites	named corpo	orporation submits this statement for the paration's board of directors. I hereby accep	urpose of ch t the appoir	anging i tment as	s registered registered	
SIGNATURE	Signature, typed or pointed name of registered agen	and title if applicable (NOTE	Senistered .	Agen	it sionatike re	quired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITL	.E				Change	Addition	
NAME	AGUIRRE, ARIBEL		1.2 NAM				_			
STREET ADDRESS	17440 CONNECTICUT ROAD				ADDRESS					
CrTY - ST - ZIP	FT MYERS FL 32212		1,4 CITY							
TIDLE	D	DELETE	2.1 T(TL		- 2.11		Т	Change	[] Addition	
NAME	DECK DOLIGIAGO			2.2 NAME			_			
STREET ADDRESS	47440 CONNECTION DOAD			2.2 NAME 2.3 STREET ADDRESS						
CITY - ST - ZIP	FT MYERS FL 32212			2.4 CITY-ST-ZIP						
THUE	D			3.1 TITLE			Т	Change	Addition	
NAME	WALKER, RICHARD P		3.2 NAM		-		L-	- Annuality	L. ROUNION	
STREET ADDRESS	BEE 7 AVE MODITAL			-	ADDRESS					
CIEV SE-ZIP	NAPLES FL 33940									
TILE	D	DELETE	3.4. CIT 4.1 TITL	_	- ZIP			Change	Addition	
NAME	WALKER, DEANNA L	had waterit	4.2 NA		ŀ		L	t Annuile	Audition	
STREET ADDRESS	655 7 AVE NORTH				DDBECC					
CITY-ST-ZiP	NAPLES FL 33940		4.3 STREE							
TILE TILE			44 CITY 5 1 TITL		- 2114			Change	Addition 1	
NAME							L	i cuanha	Addition	
			52 NAM						ļ	
STREET ADDRESS			53 STRI						ł	
City-St-Zir Titur		DELETE	5.4 City		- ZIP		·····	064		
		□ Nett if	6.1 THTL				L,	Change	Addition	
NAME			6.2 NAM		}					
STREET ADDRESS			6.3 STRI	EET A	DDRESS					
CITY-ST Z0	and the state of t		6.4 City	- ST	ZIP					

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97

(99) #8591-1664