## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

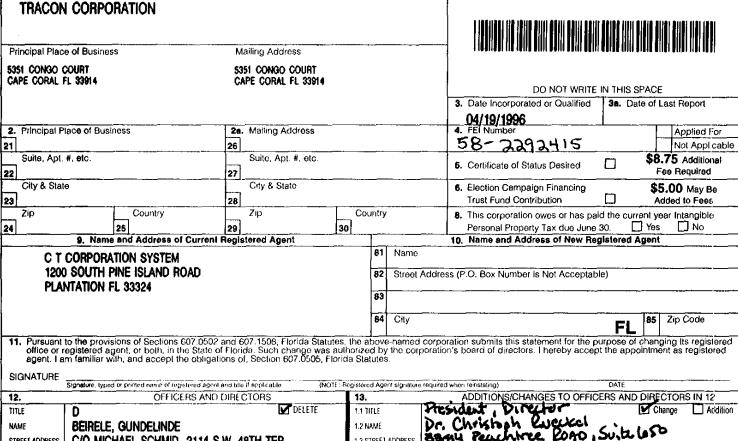
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000034651 (5)

Principal Place of Business	Mailing Address
5351 CONGO COURT	\$351 CONGO COURT
GAPE CORAL FL 33914	CAPE CORAL FL 33914

## FILED Sep 09 1997 8:00am Secretary of State



(4/97 BABY Peuchiree Boro, Suite 650 STREET ADDRESS C/O MICHAEL SCHMID 2114 S.W. 48TH TER. 1.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 1.4 CITY-ST-ZIP DELETE Addition 2.1 THLE Change TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

ting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the it annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that r or trusted on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this information indicated on this annual report or supplement am an officer or director of the corporation of the receivappears in Block 12 or Block 13 if changed, dron, an atta