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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9600037041 (6)

Principal Place	M F. EGAN		Mailing Addr				
FT. MYERS FI		•	STE 101		•0		DO NOT INDITE ALTURO ODAGE
				FL 33906			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
			U\$				04/25/1996
	lace of Busines			2a. Mailing Address			4. FEI Number Applied For
21 202 8	mobese	en pac a	7 26				59-1972 149 Not Applicable
Suite, Apt.	30 K 616	81	Suite, Apt	Suite, Apt. #, etc.			5, Certificate of Status Desired Fee Required
City & State				City & State			6. Election Campaign Financing \$5.00 May Be
23 Fr.	myens,	FC,	28	28			Trust Fund Contribution Added to Fees
Zip	,	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24 3398		USA	29		30		Personal Property Tax due June 30. Yes Yo
		nd Address of Curre	nt Registered Age	nt	81	Name	10. Name and Address of New Registered Agent
	yston, rob				ы	Name	
12670 NEW BRITTANY BLVD. FORT MYERS FL 32301						Street A	ddress (P.O. Box Number is Not Acceptable)
							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					83		
				84 City			FL 85 Zip Code
SIGNATURE		printed name of registered eq					corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST			DELETE	1.1 TITLE	$\overline{}$	Change Addition
NAME	EGAN, WI	LLIAM F			1.2 NAME		13131 UNWEARING DRIVE FT. Myers, FC 33907
STREET ADDRESS	8595 COL	LEGE PKWY			1.3 STREET	ADDRESS	13131 UNWAGER DRIVE
City-St-Zip	FT. MYERS	S FL_			1.4 City-S	T- ZIP	FT. Myers, FC. 33907
TITLE			Ĺ	DELET E	2.1 TITLE		Change Addition
NAME					2.2 NAME	1	•
STREET ADDRESS					2.3 STREET	1	
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP	Change Addition
NAME				LOCELIE	3.2 NAME	-	C prange
STREET ADDRESS					3.3 STREET	ADDRESS	
CITY-ST-ZIP					3.4. CITY - 9	ì	
TITLE				DELETE	4.1 TITLE	/	Change Addition
NAME					4. 2 NAME	1	
STREET ADDRESS					4.3 STREET	ADDRESS	
CITY-ST-ZIP	,				4.4 CITY-S	T-ZIP	
TITLE				DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME	-	
STREET ADDRESS					5.3 STREET		
CITY-ST-ZIP				DECETE	5.4 CITY - S	T-ZIP	
TITLE				DECETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME	, Donesia	
STREET ADDRESS					6.3 STREET		
CITY-ST-ZIP					6.4 CITY - S	1-ZIP [

14. Thereby 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 supplienental 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, if on an attachment with an address.

FILED

Apr 01 1998 8:00am

Secretary of State