€OF ANNU	PROFIT PROFIT RPORATION JAL REPORT 1997	ING FEE AFTE	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	FILE	
	MENT #PO DEVELOPME	6000041 ENTS OF F	1405 r. myees	,Inc.	97 NOV -3 A SECRETARY O TALLAHASSEE	
Principal Place 1744 FT. My	e of Business OAKLEY IERS, FL		ng Address 1744 OAK FTMYKES	LEY AVE. , FI 3390/	3. Date Incorporated or Qualified 5/23/96	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. N	ʻailing Address		4. FEI Number	Applied For
Suite, Apt. i	#, etc	26	uite, Apt. #. etc.		65-0670415 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State)	27]	ity & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Z ip	Count	28	ıp	Country	Trust Fund Contribution	Added to Fees
24	25	29	·	30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes : No
FT. /	egistered agent, or bot	Z 33901	Such change was au feet on 607.0505, Flori •	thorized by the corporat da Statutes	poration submits this statement for the pulion's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered the appointment as registered
12.		e of registived agent and till elif a DEFICERS AND DIRECTO	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature requirements 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TITLE	PD		DELITE	5.1 TILLE		Change Addition
NAME STREET ADDRESS CITY-S1-2IP	MARK MILL 1744 OAKL FT. MYER	lar Ry Ave 5, FL 3390)]	1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP	-11/06/	3 406278 9701095016
NAME STREET ADDRESS CITY-ST-ZIP		•	DELFTE	2 1 TITLE 2 2 NAMI 2 3 STHEET ADDRESS 2 4 CHY+SI-ZIP	<i>ዩቶች</i> የ10	5.00 - Refer 165780.
THLE NAME STREET ADDRESS			DELĒJE	3 1 TOLE 3 2 NAME 3 3 STREEF ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DETEL	3.4 CHY-S1-ZIP 4.1 IDLE 4.2 NAM: 4.3 STREEL ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Date	4.4 COY: \$1-719 5.1 THE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP			преп	5 4 CiTY - ST - Zin		

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

14. I do horeby certify that the information supplied will information indicated on this annual group in supplie I am an officer or director of the conformation in the appears in Block 12 or Block 33 in range of information.

NAME

STREET ADDRESS

CITY-ST-ZIP

WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the first and accurate and that my signature shall have the same legal effect as if made under oath; that survey or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is stated ment with an address.



MARK MILLAR 1744 OAKLEY AVE FT. MYERS, FL 33901 941-936-6049

OCTOBER 27, 1997

FLORIDA DEPARTMENT OF STATE ANNUAL REPORT FILINGS DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: CITI DEVELOPMENTS OF FT. MYERS, INC. 65-0670415

GENTLEMEN:

ENCLOSED, PLEASE FIND THE COMPLETED 1997 CORPORATE ANNUAL REPORT RECENTLY PROVIDED BY YOUR OFFICE. I DID NOT RECEIVE AN ORIGINAL REPORT FROM THE DEPARTMENT OF STATE. IN SPEAKING WITH YOUR OFFICE IT SEEMS THAT THE DEPARTMENT OF STATE HAS MADE A TRANSPOSITION ERROR IN RECORDING MY ADDRESS. THE STATE SHOWS MY ADDRESS TO BE 1774 OAKLEY AVE. THE CORRECT ADDRESS IS 1744 OAKLEY AVE. PLEASE ACCEPT MY CHECK FOR \$ 165.00 AS PAYMENT FOR THE FILING FEES WHICH I HOPE WILL ALLOW THE CORPORATION TO BE GRANTED ACTIVE STATUS. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

MARK/MILLAF