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

Mailing Address
1104 WHITEHEART CT

2a. Mailing Address

26

MARCO ISLAND FL 34145-5016

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

1104 WHITEHEART CT

21

MARCO ISLAND FL 33937

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of Stare
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047799 (7)

FERREIRA & ASSOCIATES, INC.

Suite, Apt #, etc Suite. Apt. #. etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm IP}$ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERREIRA, STEPHEN 1104 WHITEHEART CT 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 84 City Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative, good aliphoted nume of registered agent and their approbable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. DELETE Change Addition 1 1 TITLE TITLE Hesident Stephen T Ferreira NAME 1.2 NAME 1104 Whiteheart Ct STREET ADDRESS 1.3 STREET ADDRESS Marci Island, F2 3393 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TIT.E 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5 4 CITY - ST- ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP 14. I do hereby certify that the information, upplied 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 I am an officer or director of the co control supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that pration or the ecgiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

FILED
Jan 14 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

65-01.82110

06/05/1996

4. FEI Number

3a. Date of Last Report

Applied For

Not Applicable