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 # P96000052190 (1)

Principal Pla	REELANCE INC.	Mailing Address				
1765 COURTYARD WAY #101 1765 COURTYA NAPLES FL 33962 NAPLES FL 341			#1UI			
					3. Date incorporated or Qualified 06/17/1996	3a. Date of Last Report
2, Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0679763	
Suite, Apt. # etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Str	ate	City & State	·		6. Election Campaign Financing	\$5.00 May Be
23		28	28			Added to Fees
Ζφ 24	Country 25	Zip 29	30	untry	8. This corporation has liability for inta	· · ·
[24]	9. Name and Address of Curre		130	T	10. Name and Address of New Regis	
176	IN, STACIE A 85 COURTYARD WAY #101 PLES FL 33962			81 Name82 Street Addr6384 City	ess (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
11. Pursuar office of agent I SIGNATURE	r registered agent, or both, in the Stal I am familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505,	as authoriza , Florida Sta	above-named corporal atutes.	poration submits this statement for the purplion's board of directors. I hereby accept the	oose of changing its registered ne appointment as registered
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
THE	PD	☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
MAME	ZINN, STACIE A	•	1.21	NAME];
STREET AFFIRES:		1	1.3	STREET ADDRESS		Įį
CHY-51 76	NAPLES FL 33962	T DELETE		DiTY-ST-ZIP		Change Addition
I TITLE		☐ pereie	1 1	TITLE I		Cusinge T Virgilion 1
MAME STREET ADDRESS			1	STEET ADDRESS		
C TY+S1+ZIP	" [2.4	•		
TOUR		DELETE	3.1			Change Addition
NAME			32	E.		
STREEL ADORES	s)		3.3	T ADDRESS		
CHY-SI-ZP			3.4			
NAME STREET ACCORES	\$	DELETE	4.1 4.2 4.3			Change Addition
Crity-St-ZIP			4.4	•		1
7411		DELETE	61	T		Change Addition

14. 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 have an officer or director of the corporation in 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 Bloc

6.4 CITY-ST-ZIP

6.1 11

6.2 NA 6.3 STREET ADDRESS

- \$1 - ZIP

SIGNATURE:

STREET ADDRESS CGY - \$1 - 705

STREET ADJIRESS

CHY-ST-74°

101.6 NAME

DELETE

FILED

Apr 04 1997 8:00am

Secretary of State

Change

___ Addition