## 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

	MENT # P96000 ON GROUP, INC.	0055037 (1)	)	
Principal Plac	e of Rusiness	Mailing Address		
9311 COBBLER LANE   9311 COBBLER LANE   FORT MYERS FL 33919   FORT MYERS FL 33919			<b>1</b>	
		TON MILENO IL DOUID		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
				06/27/1996
<b>—</b>		2a. Mailing Address		4. FEI Number Applied For
21 26			65-0694534 Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 City & City		27 City 8 Ctale		Fee Required
City & Stat	(B	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	<b>28</b>	Country	
24	26	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Y Yes No
[27]	9. Name and Address of Curre	. 1 - 1	130	10. Name and Address of New Registered Agent
LIFE	NHARDT, WYNNE J		81 Name	
	1 COBBLER LANE		20 0	
FORT MYERS FL 33919			82 Street	t Address (P.O. Box Number is Not Acceptable)
'*			83	
<b>\</b>				
			84 City	FL 85 Zip Code
l office or i	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change wa:	s authorized by the co-	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and little if applicable (N	OTE Registered Agent signatur	te required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
TITLE	P/1	☐ DELETE	1.1 TITLE	Change Addition
NAME	DONALD H. FRADKIN		1.2 NAME	
STREET ADDRESS	720 smoke tree rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	DEGRETIELD, IL 6001		1.4 CITY - ST - ZIP	
TITLE :	8	☐ DELETE	2.1 TITLE	Change Addition
NAME	Beuce W. Munm	. •	2.2 NAME	
STREET ADDRESS	1009 29th # AVE.		2 3 STREET ADDRESS	·
CITY-ST-ZIP	NAPLES, PL 3410	3	2.4 CITY-SI-ZIP	:
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	}
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	Change Addition
1		D precie	4.1 TITLE	Ci cuante Ci vennon
NAME OTREET ADDRESS			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
		End Describ	l l	C onange C Addition
NAME STORET ADDOESS			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - \$1 - ZIP 6.1 TITLE	Change Addition
		LJ OLICIL	1	Containing
NAME CTREET ADDRESS			6.2 NAME	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		6.3 STREET ADDRESS	
CITY-ST-ZIP	l San S		6.4 CITY - ST - ZIP	

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 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, or on an attachment with an address.

CICMATURE.

CHINE PHORES OF DANALD H FRANK

alulas (aux) 400 asins

**FILED** 

Sep 17 1997 8:00am

Secretary of State