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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

## **FILED** Apr 18 1997 8:00am Secretary of State

740 3 STREET NW											
							3. Date Incom 07/01/19	porated or Qualified	3a. Da	te of Last	Report
—₁	lace of Business	<del>, , , , , , , , , , , , , , , , , , , </del>	}1	Mailing Address			4. FEI Numbe	ir		<b></b>	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		48-0477747				Not Applicable \$8.75 Additional		
22			27	5. 5. 5. ·	<del></del>			of Status Desired		Fee	Required
City & Sta	16:		28	City & State			1	mpaign Financing Contribution			May Be
Zip		Country	} <sub>7</sub>	Ζιρ	Counti	ry		ration has liability fo		ax under	<del></del>
24	9 Name and	d Address of Cu	29 Prent Registe	ered Agent	[30]		Florida Sta	tutes Address of New F	Yes		<del></del>
DRO	DUIN, KELLY C	· · · · · · · · · · · · · · · · · · ·			8	1 Name	10, 110,114 4114	7.001001 (1.1001)	iogratorou z	gom	·
740	3 STREET NY	1			8:	2 Street Add	ress (P.O. Box Nur	nber is Not Accepta	able)		
NAF	PLES FL 33964	ļ.			8:	3				·····	
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					84	4 City			<b>C-1</b>	85   Zij	a Code
11. Pursuant	to the provisions	of Sections 607	0502 and 607	7 1508, Florida Stati	ites the above	ve-pamed cor	poration submits th	is statement for the	FL purpose of	changing	ite registered
11. Pursuant office or agent. La SIGNATURE	an ranibal Wills,	али ассерт те о	ibligations of	7.1508, Florida Statu a. Such change was Section 607.0508, F	Tonua Statuti	es.		nis statement for the	purpose of ept the appo	changing intment a	its registered as registered
agone i a	an ranibal Wills,	noted name of registers	ibligations of	applicable (NO	Tonua Statuti	es.	ired when reinstating)	is statement for the ctors. I hereby acc	purpose of ept the appo		
SIGNATURE  12.	Separate typed or p	onted name of registers OFFICERS	ed agent and title if	applicable (NO	TE: Registered A	gent signature requi	ired when reinstating)		purpose of ept the appo		PRS IN 12
SIGNATURE  12. TITLE NAME	Styratore typed or pe PTD DROUIN, KE	OFFICERS	ed agent and title if	applicable (NO	DTE: Registered As 13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinstating)		purpose of ept the appo	DIRECTO	PRS IN 12
SIGNATURE  12. TITLE NAME STREEL ADDRESS	PTD DROUIN, KE	OFFICERS  LLY C ET NW	ed agent and title if	applicable (NO	13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinstating)		purpose of ept the appo	DIRECTO	PRS IN 12
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SIGNATURE  12. THE NAME STREET ADDRESS CITY-SI-74P HILE NAME STREET ADDRESS	PTD DROUIN, KE 740 3 STREI NAPLES FL VSD DROUIN, RC 740 3 STREI	OFFICERS  LLY C ET NW 33964  GER C ET NW	ed agent and title if	applicable (NO	13. 1.1 Title 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	gent signature requirements  E  ET ADDRESS  -ST-ZIP  ET ADDRESS	ired when reinstating)		purpose of ept the appo	DIRECTO ☐ Change	ORS IN 12
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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 an attachment with an address.

SIGNATURE:

0417948