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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000060424 (4)

FILED May 09 1997 8:00am Secretary of State

		Mailing Address 1437 MONROE STREET FORT MYERS FL 33901-2	2849					
					3. Date Incorporated or Qu 07/18/1996	alified 3a, Da	ate of Last R	eport
	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Ar	plied For
21 Suite, Apt	l # etc	Suite, Apt #, etc.	, <u></u> ,		65-0109	01	\$8.75	Applicable
	MONROE ST.	27			5. Certificate of Status Des	ired 🔲	Fee Re	
City & Sta	ito /	City & State			6. Election Campaign Finar		\$5.00	
23] F4.M	Country	28 Zip	Co	untry	Trust Fund Contribution 8. This corporation has liab	ility for intendible	Added t	
24 339	201 25 UGD	29	30	45.4	Florida Statutes	Yes [198,032
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of	New Registered	Agent	
	ON, TODO C			81 Name		•		
	7 Monroe Street Rt Myers Fl 33901			82 Street	Address (P.O. Box Number is Not A	cceptable)		
rur	MIENO PL 999UI			83	The state of the s	······································		
				84 City	·		Inc. 7in	Code
						FL	. [`	
office or	registered (i.e. i) or both, in the Stat	te of Florida. Such change was	authorize	ed by the corp	poration's board of directors. I hereb	y accept the app	ontment as	1 Ografored
SIGNATURE	Signature of sea or printed name of registered a	gent and tide if applicable (N	OfE Register	ed Agent signature	corporation submits this statement poration's board of directors. I hereb required when reinsland	2-3	<i>\$7_</i>	
SIGNATURE	Signature (ISES of printed name of registered a OFFICERS A	igent and tale if applicable (NIND DIRECTORS	DIE Register	ed Agent signature		2-3	DIRECTOR	IS IN 12
SIGNATURE 12. 1615	Signature (Cas. of printed name of registered a OFFICE RS AI	gent and tide if applicable (N	13.	ed Agent signature	required when reinstating)	2-3	<i>\$7_</i>	
SIGNATURE	Signature (Cles or printed name of registered a OFFICERS AI PTD NOON, TODD C	igent and tale if applicable (NIND DIRECTORS	13.	ed Agent signature	required when reinstating)	2-3	DIRECTOR	IS IN 12
SIGNATURE 12. 101E NAME	PTD NOON, TODO C 1309 SUNBURY ROAD FORT MYERS FL 33901	gent and Ide # applicable (N ND DIRECTORS DELETE	13. 1.1.1 1.2.6 1.3.5	ed Agent eignature ITLE	required when reinstating)	2-3	DIRECTOR	IS IN 12
SIGNATURE 12. 101E NAME STREET ADDRESS	Signature (\$45.5 or printed name of repstered a OFFICERS AT PTD NOON, TODD C 1309 SUNBURY ROAD FORT MYERS FL 33901 VSD	igent and tale if applicable (NIND DIRECTORS	13. 113. 113. 124 135 146 211	ed Agent signature ITTLE NAME STREET ADORESS CITY-ST-ZIP ITTLE	required when reinstating)	2-3	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS GLY-S1-7/P TITLE NAME	PTD NOON, TODD C 1309 SUNBURY ROAD FORT MYERS FL 33901 VSD SMITH, ALAN C	gent and Ide # applicable (N ND DIRECTORS DELETE	13. 1.1.1 1.2.6 1.3.5 1.4.0 2.1.1 2.2.6	ed agent eignature hitle name street adoress city-st-zip nitle vame	required when reinstating)	2-3	DIRECTOR Change	IS IN 12
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SIGNATURE 12. DITLE NAME STREET ADDRESS CITY: S1- ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PTD NOON, TODD C 1309 SUNBURY ROAD FORT MYERS FL 33901 VSD SMITH, ALAN C 1323 N.E. 9TH PLACE CAPE CORAL FL 33909	gent and tide if applicable (N ND DIRECTORS DELETE	13. 1.1.1 1.2.1 1.3.5 1.4.1 2.2.1 2.3.5 2.4 3.1.1 3.2.1	ed Agent eignerwe httle name Street Adoress City-St-Zip Ditle name Street Adoress City-St-Zip	required when reinstating)	2-3	D DIRECTOR Change	IS IN 12 Addition Addition
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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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam 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 or right, if on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-3-27 54/-332-353

COST