


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 418582 INC 1. Corporation Name 17960 CASTLE HARBOR DRIVE FORT MYERS, FL. 33912			
Principal Place of Business		Mailing Address DOCUMENT # P96000064848	
2. Principal Place of Business 21. SAME Suite, Apt. #, etc.		2a. Mailing Address 26. SAME Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
3. Date Incorporated or Qualified JULY 31, 1996		3a. Date of Last Report N/A	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MARTHA ANNE DYSON 17960 CASTLE HARBOR DRIVE FORT MYERS, FL. 33912		10. Name and Address of New Registered Agent 81. Name N/A 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>pu Martha A. Dyson - Pres.</i> (MARTHA A. DYSON - PRES.) Apr. 15/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1. TITLE NAME STREET ADDRESS CITY, ST, ZIP 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP 7. TITLE NAME STREET ADDRESS CITY, ST, ZIP 8. TITLE NAME STREET ADDRESS CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 2.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 3.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 4.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 5.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 6.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 7.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 8.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
14. I 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. I changed, or on an attachment with an address		3000002149238 -04/21/97--01115--004 ***165.00	
SIGNATURE: <i>pu Martha A. Dyson - Pres.</i> (MARTHA A. DYSON - PRES.) Apr. 15/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)