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May 02 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 # P96000066518 (7)

1. Corporation Name
ALLUVION, INC.

Principal Place of Business
#5 TWELFTH STREET NORTH
NAPLES FL 34102

Mailing Address
#5 TWELFTH STREET NORTH
NAPLES FL 34102-6226

3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
4. FEI Number 65-0682639	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1803 Solana Rd Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 24 33940 Country 25 Collier	2a. Mailing Address 26 17437 Oriole Rd Suite, Apt. #, etc. 27 City & State 28 Ft. Myers, FL Zip 29 33912 Country 30 Lee
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9. Name and Address of Current Registered Agent DAVIS, CYNTHIA S #5 TWELFTH STREET NORTH NAPLES FL 34102	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Cynthia S. Davis, V. Pres. DATE 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	RICE, LINDA	1.2 NAME	Rowe, Frederick
STREET ADDRESS	1303 SOLANA RD.	1.3 STREET ADDRESS	10372 WINTERVIEW DR.
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	VP	2.1 TITLE	
NAME	DAVIS, CYNTHIA S	2.2 NAME	
STREET ADDRESS	17437 ORIOLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)