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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

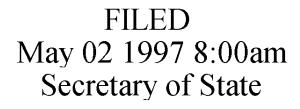
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066518 (7)

ALLUVION, INC.

Principal Place of Business

Mailing Address





#5 TWELFTH STREET NORTH NAPLES FL 34102		#5 TWELFTH STREET NORTH NAPLES FL 34102-6226			
				3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
	lace of Business	2a, Mailing Address	. 5	4. FEI Number	Applied For
27 1803 Solana + 26 17437			iole KD	65-0682639	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Naples, Fl		City & State Pt. Myers,	, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 339			Country 30 Lee		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
	is, cynthia s		81 Name	SAME	-
	WELFTH STREET NORTH LES FL 34102		82 Street	Address (P.O. Box Number is Not Accepta	ble)
			84 City	Ft Myars	FL 85 3390 Q
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.05 <u>06,</u> Flor	es, the above-named uthorized by the corr rida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typus or printed name of registered age	One and title if applicable (NOTE	<b>인소</b> : Registered Agent signature	required when reinstaling)	4 2  97 DATE  2  97
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P INDA	☐ DELETE	1.1 TITLE	Director	Change Addition
NAME	RICE, LINDA		1.2 NAME	Rowe, Frederick 10371 Winterview	N.C.
STREET ADDRESS	1303 SOLANA RD.   NAPLES FL 33940		. 13 STREET ADDRESS	Nantes F1 34109	D1.
CITY-ST-ZIP	VP	DELETE	14 CITY - ST - ZIP 21 TH LE	Naples, F1 34109	Change Addition
TITLE	DAVIS, CYNTHIA S	L_) been	2 2 NAME		En breings En Abdition
NAME CARCEL ADDOCCO	17437 ORIOLE RD		2 3 STREET ADDRESS		
STREET ADDRESS	FORT MYERS FL 33912		1		
CITY-ST-ZIP TITLE	Dinmlac	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	BUCCO SOLAN		3.2 NAME		_ , _
STREET ADDRESS	1.1 act bear		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY-\$T-Z)P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<b>-</b>	4.4 CITY - ST - 7IP		
TITLE		☐ DELETE	5.1 TITLE	·	Change  Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T abiese	5.4 CITY-ST-ZIP		Observa Andrew
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CI1Y - ST - ZIP	Hatad in Castina 110 07/3///). Florida Ctat d	1 6 ab

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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.

Modan