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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

	MENT # P96000 IZIE TECHNICAL SERVICE				
721 31ST STREET NORTHWEST NAPLES FL 34120-1713		721 31ST STREET NORTHWEST NAPLES FL 34120-1713			
				3. Date Incorporated or Qualified 3a. 09/10/1996	Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number <b>59-3398595</b>	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
City & State	)	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for intang	jible tax under s. 199.032, □ No
:4]	9. Name and Address of Curre		1301	10. Name and Address of New Register	
CORPORATION SERVICE COMPANY 81 Name				BRIAN MACKENZIE	
1201 HAYS STREET			82 Street Add	ress (P.Q. Box Number is Not Acceptable)	. 148
IALL	AHASSEE FL 32301		83	i bist street n	ı, W .
_				aples 1	FL 85 Zip Code
11.)Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered
agent. I a	n amiliar with/pn/hat ept the obliq	gations of, Section 607.0405, F	orida Statutes.	inor a board of directors. Prioroby accept the	AV
SIGNATURE	MIVAI	Tresiden	TE: Registered Agent signature requi	red when reinstating)	71
12.	1	pent and the it applicable. (NO ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
THE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	MACKENZIE, BRIAN	A=	1.2 NAME		
STREET ADDRESS	721 31ST STREET NORTHWE	SI	1.3 STREET ADDRESS		
CITY-SI-7IP	NAPLES FL 34120-1713	DELETE	1.4 City - St - ZiP 2.1 Title		Change Addition
TITLE NAME		Land OLCE IL	2.2 NAME		C outside C various
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S1 - ZIP			2. 4 CITY-ST-ZIP		
THEF		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- \$1-2IP		☐ DELETE	3.4. CITY-\$T-ZIP 4.1 TITLE		Change Addition
NAME			4.1 ITTLE 4.2 NAME		CT Assults CT Vanition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY- ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY-ST-ZIP		——————————————————————————————————————
TITLE		☐ DELETE	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 SYREET ADDRESS		
City-St-ZiP 14. I do herel	by certify that the information suboble	ed with this filing does not gua	6.4 CITY-ST-ZIP lify for the exemption state	d in Section 119.07(3)(i). Florida Statutes. I fu	orther certify that the
informatic Lam an o appears i	in indicated on this annual reportion fficer or director of the corporal of it in Block 12 of Block 13 if changed,	supplemental annual report is the receiver or trustee empore on an attackment with an ac-	true and accurate and that wered to execute this repo dress.	d in Section 119.07(3)(i), Florida Statutes. I fu it my signature shall have the same legal effe ort as required by Chapter 607, Florida Statute	ct as if made under oath; that is; and that my name