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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

-	MENT # P96000 IISHING TOUCH OF NAPLE					######################################	
Principal Plac	e of Business	Mailing Address				00110 (D10+ 10+1+ 10+0+ 0+1) (D0 +0+1	
2220 SNOOK DRIVE NAPLES FL 34102		2220 SNOOK DRIVE NAPLES FL 34102-1570					
					3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address			APPLICA FE	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	у	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,] Yes : No	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re-	gistered Agent	
WICI	HTERICH, AXEL		8	l Name			
2220 SNOOK DRIVE NAPLES FL 34102			82	Street Add	Iross (P.O. Box Number is Not Acceptable)		
104 FEG 1 5 04 105				3			
			84	1 64.		[65] 7: Cod	
			8	City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida Such change way gations of, Section 607.0505,	as authorized k Florida Statute	by the corporates.	rporation submits this statement for the pation's board of directors. I hereby acception with the properties of the patients o	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	1.1 TITLE			Change Addition	
NAME	WICHTERICH, ANDREA		1.2 NAME				
STREET ADDRESS	2220 SNOOK DRIVE		1.3 S1KE8	1 ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-				
TITLE	VTD	☐ DELETE	2.1 TITLE	- (ı	☐ Change ☐ Addition	
NAME	WICHTERICH, AXEL 2220 SNOOK DRIVE		2.2 NAME	1			
STREET ADDRESS	NAPLES FL 34102			TADDRESS		,	
CITY-ST-ZIP TITLE	TRAFECO FE 34102	DELETE	2. 4 GITY- 3.1 TITLE	- \$1 - ZIP		Change Addition	
NAME			3.2 NAME			Consider Pri volution	
STREET ADDRESS			l l	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAMI	£			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CHY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE	}		☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP		Nr. **-	5.4 CITY -	S1 - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELFTE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	i			
STREET ADDRESS			6.3 STREE	1 ADDRESS			

14. To 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 angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coporation or the receiver or tryistee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my narry appears in Block 12 or Block 13 of changed or on an attachment of the coporation of the copora

FILED

Mar 14 1997 8:00am

Secretary of State