## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	ANNU	JAL REP 1997	N. S.	Sandra B, Mortham  Secretary of State  DIVISION OF CORPORATIONS					Secretary of State					
DOCUMENT # P9600099370 (4) D. MCGARRY AND A. TEUFEL, INC.														
1	•	e of Busines	s	Ū	Mailing Address							85) 8  9  8	10100 Hill 1001	l <b>10</b> 11   111
15250 SOUTH U.S. 41 SUITE I FORT MYERS FL 33908				SUITE I	15250 SOUTH U.S. 41 Suite I Fort Myers FL 33908					18	DO NOT WRITE	IN THIS S	PDACE	
TONI WIENS TE 33800				FORT MIS	TOTT WILLIAM TE GOOD				:	3. Date Incorporate			te of Last R	eport
2.	Principal P	lace of Busin	ness	2a. Mailing	Address					12/09/1996 4. FEL Number	- 1118		A	plied For
21	Sulte, Apt.	# etc		26 Suite	Suite, Apt. #, etc.					65 0	11148	52	\$8.75	t Applicable
22	l			27	<del>                                     </del>					5. Certificate of Str	atus Desired	<u> </u>	Fee Re	-
23	City & State	City & State			City & State				<ol> <li>Election Campa</li> <li>Trust Fund Cont</li> </ol>	-		\$5.00 bebbA		
24	Zip	<del></del>					Country			8. This corporation Personal Proper	owes or has pa	_	ent year Int	
		9. Name	and Address of Currer		gent	301				10. Name and Add				
TEUFEL, ANTHEA V							81	Name						
	1528 SUIT	50 SOUTH	U.S. 41					Street A	Addres	s (P.O. Box Number	is Not Acceptab	le)		
		T MYERS	FL 33908		83									<del></del>
				84 City					FL	85 Zip	Code			
1	1. Pursuant	sions of Sections 607.050	s, the at	bove.	named i	corpo	ration submits this sta	tement for the p		changing it	s registered			
İ	agent. I a	registered ac	itif, and accept the oblig	e of Florida, Sucr lations of, Sectio	and 607, 1508, Florida Statutes, the above-named c Florida, Such change was authorized by the corpo ons of, Section 607, 0505, Florida Statutes				oralio	n's board of directors	i. i nereby accer •	ot the app	ointment as	registered
S	IGNATURE 1	Stynature, typed	or printed name of registered ag-	ent and title if applicab	HALLITY A	Registered	d Agen	I signature	réquired	when reinstating)		DIZ	17.1	<del></del>
12		D	OFFICERS AN	D DIRECTORS	DELETE	13.	T. F.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND	DIRECTOR  Change	S IN 12
ł	TLE .	TEUFEL, ANTHEA V					1.1 TITLE 1.2 NAME						CT Cliange	L Addition
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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 it 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.

**FILED** 

Aug 18 1997 8:00am