

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025018 (7)
1. Corporation Name
ABALONE OF CAPE CORAL, INC.



Principal Place of Business 4814 VICENNES STREET CAPE CORAL FL 33904	Mailing Address 4814 VICENNES STREET CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4814 VINCENNES ST Suite, Apt. #, etc. ≡	2a. Mailing Address 26 PO BOX 1110 Suite, Apt. #, etc.
22 City & State CAPE CORAL	27 City & State CAPE CORAL FL
23 Zip FL	25 Country US
24 FL	29 33910
25 US	30 US

3. Date Incorporated or Qualified 03/20/1997	4. FEI Number 65-0736233	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**AVARD, CAROL
4814 VICENNES STREET
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name Carol A. Avard-Hicks
82 Street Address (P.O. Box Number is Not Acceptable) 4814 Vincennes STREET
83
84 City CAPE CORAL
85 Zip Code FL 33904

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: *Carol A. Avard-Hicks*, **Carol A. Avard-Hicks** DATE: **2/19/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/VIT/STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVARD, CAROL	1.2 NAME	Carol Avard-Hicks
STREET ADDRESS	4814 VICENNES STREET	1.3 STREET ADDRESS	4814 Vincennes St.
CITY - ST - ZIP	CAPE CORAL FL 33904	1.4 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: *Carol Avard-Hicks f/k/a Carol Avard* DATE: **2/19/98** PHONE: **941-945-0808**

CR2E034 (10/97)