SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

NAME STREET ADDRESS

CITY-ST-ZIP



**FILED** 

PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State				998 8:00am
DOCU	1998 MENT # PO700	)UU3.	7122 (3)	F CORPO			iary of State
1. Corporatio			1122 (3)				
Principal Place of Business Mailing Address						# (DDI:1001 (10 1011) 100(1 00)(1 00)	#
8518 FORDHAM STREET FT. MYERS FL 33807			8518 FORDHAM STREET FT. Myers FL 33907			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
Principal Place of Business 21			2a. Malling Address			04/25/1997 4. FEI Number 59-249 4088	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip	<b>├-</b> 1	ıntry	8. This corporation owes or has pa	ald the current year Intangible
24	25   9. Name and Address of Cu	rcent Regis	lered Apent	30	T	Personal Property Tax due Jun- 10. Name and Address of New Ro	
11. Pursuan	DENTON FL 34205 t to the provisions of sections 607.	0502 and 60	07.1508, Florida Statu	ites, the at	84 City	poration submits this statement for the pu	FL 85 Zip Code
office or agent. I	regist <b>ere</b> d agent, or both, in the S am fa <b>mili</b> ar with, and accept the c	tate of Flori	da. Such change was	s authorize	d by the corpora	ation's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title i	f applicable (	NOTE: Registr	ared Agent signature re	equired when reinstating)	DATE
12.	<del>, </del>	AND DIRE		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D GALVANO, RICHARD 8518 FORDHAM STREET		∐ DEL€TE		AME TREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME	FT. MYERS FL 33907		DELETE	2.1 TI 2.2 N	ľ		Change Addition
STREET ADDRESS CITY-ST-ZIP					TREET ADDRESS		
TITLE NAME STREET ADDRESS			DELETE	3.1 TJ 3.2 NJ			Change Addition
CITY-ST-ZIP			DELETE	1	TY-ST-ZIP		Change Addition
NAME STREET ADDRESS					REET ADDRESS		
CITY-ST-ZIP TITLE NAME			DELETE	5.1 TI 5.2 N	1		Change Addition
STREET ADDRESS				5.3 \$1	REET ADDRESS		
TITLE			DELETE	6.1 Ti			Change Addition

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.

6.3 STREET ADDRESS