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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052526 (5)

TRI-COUNTY DOCUMENT CENTER, INC.

rincipal Place of Business	Mailing Address		
1953 COLONIAL BLVD. FT. MYERS FL 33907	1953 COLONIAL BLVD. Ft. Myers Fl. 33907		
FI. MIENO IL 3080/	FI. WIENS FE 3330/		

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
1953 COLONIAL BLVD. 1953 COLONIA		1953 COLONIAL BLVD	1953 COLONIAL BLVD. FT. MYERS FL 33907			
					DO NOT INDITE IN THE COACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					06/13/1997	
2. Principal P	ace of Business	2a. Mading Address			4. FEI Number Applied For	
21		26			59-3451857 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
27				Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Coui		Trust Fund Contribution	
24	25	h	- -1		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curre				10. Name and Address of New Registered Agent	
CLEM, JULIE A				Name		
1953 COLONIAL BLVD.			H	32 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
FT. MYERS FL 33907				(
			[1	33		
			ħ	34 City	B5 Zip Code	
5		10074600 51 31 8.			FL B 2.17 Code	
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						
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 Signature, typoid or profited name of registered agent and Pile if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TIT	F	☐ Change ☐ Addition	
NAME	CLEM, JULIE A		1.2 NA	1E		
STREET ADDRESS	1953 COLONIAL BLVD.		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907			1-ST-ZIP		
TITLE	VPS	☐ DELETE	21 1111		Change Addition	
NAME	DEROUEN, SHELLY A					
STREET ADDRESS	1953 COLONIAL BLVD. FT. MYERS FL 33907		1	EET ADDRESS		
CITY-ST-ZIP TITLE	F1. MTENS FL 33807	DELETE	2. 4 CH	Y-ST-ZIP	☐ Change ☐ Addition	
NAME		L. Joseph	3.2 NA		raditori	
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP				Y - S1 - ZIP		
TITLE		☐ DELETE	4.1 1111		Change Addition	
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP	LP-1		4.4 CIT	r-ST-ZIP		
TITLE		☐ DELETE	5.1 T(T)	E	☐ Change ☐ Addition	
NAME			5.2 NAN	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		Driete		'-S1-ZIP		
TITLE		DELETE	6.1 TITL		☐ Change ☐ Addition	
NAME OTOTET ADODESO			6.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	'-ST-ZIP		

14. Thereby 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.