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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

## **FILED** Feb 05 1998 8:00am

	1998 DIVISION OF CORPORATIONS			Secretary of State				
i	MENT # PONT NAME   PONT NAME	97000066	966 (7)					
, Allin	ENO IN I ANADIOL	, 110.					ĺ	
Principal Plac	ce of Business	Mailin	ng Address	·				
5249 TIFFAN			5249 TIFFANY COURT					
CAPE CORAL	, FL 33904	CAPE	CORAL FL 33904			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualified     07/31/1997		
<u> </u>	Place of Business	<del></del>	2a. Mailing Address			4, FEI Number Applied Fo		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			65-0773804   Not Applica		
27						Certificate of Status Desired		
City & Stat		28	{- '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country	— ·	· +	Country	y	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.  Yes No		
24	9. Name and Addres	29  ss of Current Registere		30		Personal Property Tax due June 30. LI Yes LI No	$\dashv$	
BIL	LBURG, KENNETH H	SR.		81	Name	ne	$\neg$	
5249 TIFFANY COURT					Street	eet Address (P.O. Box Number is Not Acceptable)		
CA	PE CORAL FL 33904			83				
				L_				
				84		<b>FL</b>   '   '	İ	
11. Pursuant office or r	to the provisions of Secti registered agent, or both, am familiar with, and acce	ons 607.0502 and 607. in the State of Florida. on the obligations of Se	1508, Florida Statute Such change was at ection 607.0505, Flor	s, the abovuthorized by	e-named y the cor s.	ned corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as registered	red ed	
SIGNATURE				_	_		_	
12.	Signature, typed or printed name	of registered agent and title if ap FICERS AND DIRECTO		Registered Ag	ent signature	eture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	j	
TITLE	<u> </u>			1,1 TITLE		Change Add		
NAME	1		1.2 NAME		BILLBURG, KENDETH H., SR.			
STREET ADDRESS	DRESS			1.3 STREET ADDRESS			[3	
CITY - ST - ZIP					ST-ZIP	DAVE CORAL, FL 33904		
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CITY-ST-ZIP				2.3 STREET		33	1	
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NAME				3.2 NAME			Ì	
STREET ADDRESS				3.3 STREET	ADDRESS	38		
CITY - ST - ZIP			1 DOLLETS	3,4. CITY -	ST-ZIP	T Character 1 and	201	
TITLE			☐ DELETE	4.1 TITLE		Change Add	,RIDH	
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CATY - ST - ZIP				4.4 CITY - S				
TITLE			5.1 TITLE		Change Addi	ition		
NAME	IME )		5.2 NAME				Ì	
STREET ADDRESS				5.3 STREET	ADDRESS	is	}	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE		Change Addi	ition	
NAME				6.2 NAME	4000000		1	
STREET ADDRESS				6.3 STREET		»		
14. I hereby o	certify that the information	supplied with this filing	does not qualify for	6.4 CITY-S the exemp		tated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the informati	ion	

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 addition.