## 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 # P97000070340 (9)

CALOO	SA COUNTRY, INC.				
Principal Place	e of Business	Mailing Address		I IMMINUM ELG IMENI (CORF CORFI MARIF AMINI MARIF	1981) 88190 11111 81811 <del>8</del> 811 1981
11000 METRO EL MYERS FI	L 33912	11866 MEIRO PKY. FI MYERS FL 33912	_	DO NOT WRITE IN TH	IIS SPACE
, , -	CHAYTIN CT.	1450 CLAY	1704 (て.	3. Date Incorporated or Qualified	III OI AGE
Fr. M	YGRS, FL. 3390-	) FULL MYERS, F	33907	08/13/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1950	Clayton (7.	26 1950 Usy	Ton (4	65-0776401	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	, }	27		4. Common or claims begins	Fee Required
City & State	° n.	City & State	es Fc.	6. Election Campaign Financing	\$5.00 May Be
23 Fort	Country	28 For Myr.	Country	Trust Fund Contribution	Added to Fees
24 3390		29 33907 30	¬ '	8. This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible
14 <u>5 5 14</u>	9, Name and Address of Current			10. Name and Address of New Registere	
FERSNER, SUSANT				)	
1 44600 SEPTEM PROV			ess (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33912			148		
			83	,	
			84 City		85 Zip Code
			For	Mye-s F	· <b>L</b>
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 accent the obligations of. Section 607.0505, Florida Statutes.					
SIGNATURE	Standie, lybed or printed nume of registered agran	Doh. A.	egistered Agent signature require	Y S	178
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	Ō	DELETE	1.1 TITLE		Change Addition
NAME	REAVES, SHIRLEY M		1.2 NAME		];
STREET ADDRESS	1445 EL PRADO AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	2 1 TITLE		Change Addition
NAME	Fersner, Susan L		2.2 NAME		
STREET ADDRESS	1258 COCONUT DR.	}	23 STREET ADDRESS		1
CITY-ST-ZIP	FT. MYERS FL 33901	☐ DELE <b>TE</b>	2. 4 CITY - ST - ZIF		Change Addition
TITLE NAME	D CEDENED TOURS A		3.1 TITLE 3.2 NAME		C3 change C3 Audition
STREET ADDRESS	FERSNER, JOHN A 1258 COCONUT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		3.4. CITY-ST-ZIP		
TITLE	71. WILIO I L 30301	☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 trusted 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 organ attachment with an address. John A Fersner

**FILED** 

May 01 1998 8:00am

Secretary of State