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 # P97000081961 (9)

Principal Place of Business Mailing Address 5648 FOURTH AVENUE FORT MYERS FL 33907 Mailing Address 5648 FOURTH AVENUE FORT MYERS FL 33907											
FORT MYERS	FL 3390/	FORT MYERS FL 3	FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE				
1						Ī	3. Date Incorporated or Qualified				
[09/17/1997				
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number			Applied For		
21		26				65-0783659			Not Applicable		
Suite, Apt.	#, OIC.	Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required		
City & Stat	0	City & State	· · · · · · · · · · · · · · · · · ·			-+	6. Election Campaign Financing			5.00 May Be	
23		28					Trust Fund Contribution			dded to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation owes or has p	aid the curr			
24	25	29	30				Personal Property Tax due Jun		Yes		
	9. Name and Address of Curre	ent Registered Agent					10. Name and Address of New R	egistered /	Agent		
	emore, julia l			61	Name						
	8 FOURTH AVENUE				Street	Addres	s (P.O. Box Number is Not Accepta	ıble)			
FUI	RT MYERS FL 33907			83			.	······			
				84	City			FL	85	Zip Code	
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat or familiar with, and accopt the obligation of the obligation of the state of the st		was authorized 05, Florida Stati					pulpose or	ointme	int as registered	
12.	OF LICERS AT	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	D	DEFE.	TE 11111	LF		Trea	asurer		Ch	ange 🔀 Addition	
NAME	SIZEMORE, PERRY L		1 2 NA	ME		Juli	a Sizemore				
STREET ADDRESS	5648 FOURTH AVENUE		1.3 S1	HE E 1	ADDRESS		8 Fourth Avenue				
CITY-ST-ZIP	FORT MYERS FL 33907	DELE:	1.4 CI		r-ZIP	F4.1	Myers, FL 33909		<u>П съ</u>	anno D Addison	
TITLE		[_] 0116							∐ Ch	ange L Addition	
NAME STREET ADDRESS			2.2 NA		ADDHESS						
CITY-ST-ZIP			2 4 CI								
TITLE		☐ DELE			1 211	ļ ——		· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange Addition	
NAME			3.2 NA	Μŧ]					
STREET ADDRESS			3.3 \$1	REET :	ADDRESS						
CITY-S1-ZIP			3.4. CI	1Y-5	T-71P						
THILE		DEL ET				İ			Ch	ange 🔲 Addition	
NAME			4. 2 NA	MŁ							
STREET ADDRESS			4.3 ST	REET I	ADDRESS						
CITY-ST-ZIP			4 4 CH	Y-\$1	- ZIP						
TITLE		☐ DELE	E 5.1 111	LF.			-		☐ Ch	ange Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 \$16	REET	ADDRESS						
0111/ 61 7/5			C 4 017		210	1					

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 chapter 607, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

01/14/198

FILED

Jan 16 1998 8:00am

Secretary of State

(941)277-9910

Change

Addition