## 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 #

P97000097525 (4)

## **FILED** Apr 15 1998 8:00am Secretary of State

AUIUI	ECHNIK,	INC.										
Principal Place	e of Busines	\$	Mailing Ac	Idress			<del></del>	-		H (EBB) BIHID		
905 S.E. 14TH	H PLACE		905 S.E. 1	14TH PLACE								
CAPE CORAL FL 33990 CAPE CORAL FL 33990												
									RITE IN THIS	SPACE		
								3. Date Incorporated or Qualif	ied			
	(0)							10/29/1997				
2. Principal P	lace of Busin	ness	2a. Mailing	Address				4. FEI Number	,	h	Applied F	
21			26	N. A			····	65-0748348			Not Appli	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Addition Regulred	
City & State		· · · · · · · · · · · · · · · · · · ·		City & State				a stanta Compaign Standard			<u>·</u>	
23	.0		28	Diaio .				6. Election Campaign Financia Trust Fund Contribution	'g 🗀		<b>0</b> May B	
Zip	Country			Zip Cou								
24		25	29					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No				
1531	9, Name	and Address of Cur			7			10. Name and Address of Nev				
16/	ATHERBER	DA KEN				B1	Name					
	5 S.E. 14Th				ļ.	B2	D1	(C.C. C. 1)	-4-6-6-1	<del></del>		
	PE CORAL					Street Ac	ress (P.O. Box Number is Not Acceptable)					
UA	I C OOIVE	1 2 00000			ħ	63						
					Ļ							
					['	84	City		FL	_   <b>85</b>   Zij	p Code	
11. Pursuant office or re	to the provis egistered ag	ions of Sections 607.0 jent, or both, in the Stath, and accept the ob	502 and 607,1508, ale of Florida, Such ligations of, Section	Florida Statutes change was au 607.0505. Flor	s, the ab- thorized ida Statu	ove- by	-named co	oration submits this statement for to on's board of directors. I hereby a	he purpose o	f chanoing	its regis as registe	tered ered
SIGNATURE			<b>J</b>									
	Signature typed	or printed name of registered		o (NOIE		Адел	nt signature re	d when reinstating)	DATE			f
12.	<u> </u>	OFFICERS /	AND DIRECTORS	DELETE.	13.		<del></del>	ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	0	BBEBBY MEN		DELETE	1.1 TITL					Change	e 🗌 A	oaltion 3
NAME		RBERRY, KEN			1.2 NAN		İ					13
STREET ADDRESS 905 S.E. 14TH PLACE CAPE CORAL FL 33990							ADDRESS					إإ
CITY-ST-ZIP	CAPE U	URAL FL 33990		DELEVE	1.4 CITY		- ZIP			T 1 05		
TITLE				DELETE	2.1 TITL		1			Change	; [_] A:	ddition (C
NAME					2.2 NAM							
STREET ADDRESS							ADDRESS					-
CITY-ST-ZIP				DELETE	2. 4 CIT		T-ZIP			☐ Change		ddition
TITLE				DECE IE	3.1 TITL					Grange	, ,,	Outton
NAME					3.2 NAN	_						1
STREET ADDRESS	Ì						ADDRESS					
CITY-ST-ZIP				DELETE	3.4. CIT		I - Z(P			Change		ddition
TITLE NAME				EN DECEME	4.1 TITL 4. 2 NAI					L. Orange	, ~	Julion
_							I DDDCCC					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	4.4 CITY	_	- ZIP			Change		ddition
TITLE				- VILLIE	5.1 TITL						. Ц М	worddii
NAME PERSET ADDRESS					5.2 NAM		LODOLOO					
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP	<del>_</del>	····		DELETE	5.4 CITY 6.1 TITL		- <u>ZIP</u>		~~	Change	. [ ] A	ddition
TITLE				L_ DECEME						Unange		ganiyli
NAME DIRECT ADDRESS					6.2 NAM		LD00ccc					
STREET ADDRESS							ADDRESS	•				
CITY-ST-ZIP	. 414 . 11 1 11.		1 24 ALZ AU		6.4 CITY	r-\$T	-ZIP	2-1 110 07/0V3 First- State	I double a series			

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.