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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation		# P9700 RUCTION, INC.	00097	7946 (2))						
Principal Plac	ce of Busines		Mail	ing Address			~	4 10011004 1EO 10411 EDDIE 90(6) 9041	i Beill Je ill ij	DOM H orio He nn d i	01 4 111 1 1 1
15171 CEDARWOOD LANE #3401 NAPLES FL 34110			151	15171 CEDARWOOD LANE #3401 NAPLES FL 34110							
							-	DO NOT WE		S SPACE	
							3	. Date Incorporated or Qualifie	,d		
2. Principal f	Place of Busi	0000	10- 6	Mailing Address				11/14/1997 FEI Number		1 14	
2. Frilloipai f	riace of bosi	riuss		26				59-34788	68	 -	pplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Additional
22				27			5.	. Certificate of Status Desired			equired
City & Sta	te		, (City & State			6.	Election Campaign Financing)	\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip	. — —	Country		ip .	Count	ry	8.	. This corporation owes or has			
24		25	29		30			Personal Property Tax due Ju			No
	<u></u>	and Address of Curr	ent Hegiste	rea Agent	8	1 Name	10	Name and Address of New	negistered	a Agent	
HEIST, H A											
1661 ESTERO BLVD STE 20					8:	2 Street A	Address (i	ess (P.O. Box Number is Not Acceptable)			
FT MYERS BEACH FL 33932						3					
					Ľ.	<u> </u>					
					8	4 City			FI	85 Zip	Code
11 Pursuant	to the provis	sions of Sections 607.0	502 and 607	1508 Florida Statu	ites, the abo	ve-named o	corporatio	on submits this statement for th			ts registered
agent. I a	regi ste red ag am fam iliar w	gent, or both, in the Sta ith, and accept the obl	ite of Florida igations of, S	Such change was Section 607.0505, F	authorized t lorida Statuti	by the corp os.	oration's	on submits this statement for the board of directors. I hereby ac	cept the ap	opointment as	registered
SIGNATURE	Signature, lyped	dor printed name of registered	agent and fitte if a	appheable (NC	Off Registered A	genl aignature r	required whe	n reinstating)	DATE		
12.		OFFICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D			DELET e	1,1 TITLE		Ρ,	T D		Change	Addition
NAME		, JEFFREY			1.2 NAME	.	•	•		•	
STREET ADDRESS	MARIES PL SALAS				1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES	S FL 34110		F l prierre	1.4 CITY-					Tohana	Addition
TITLE				[] DELETE	2.1 TITLE	1	5, L) 1. 41		☐ Change	EST AUDITION
NAME					2.2 NAME	1	Nes	bit Kalmerin	¥20	56	
STREET ADDRESS	1					ET ADDRESS	7700	ALTERO BILL	一台	27	21
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY 3.1 TITLE		<i>P</i>	WARES 12840		Change	Addition
NAME				C. Deterio	3.2 NAME						1,000,000
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CITY-ST-ZIP					3.4. City						
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NAME					4, 2 NAM						
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STREET ADDRESS						ET ADDRESS					
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TITLE	 	·		DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME	: I					
STREET ADDRESS	}				6.3 STREE	ET ADDRESS					
CITY - ST - ZIP	;				64 CITY-	eT 710					

14. 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.