COF ANNU	PROFIT RPORATION JAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE B. Mortnam try of State CORPORATIONS			
DOCUMENT # S08781 (4) 1. Corporation Name						
	EY & ASSOCIATES, INC.	, ,				
Principal Place of Business 850 PARK SHORE DRIVE #201 NAPLES FL 33940		SUITE 201	850 PARK SHROE DRIVE		, ressente ein gener sonn reder râtet 1521 åribt åribt åfilt åribt åribt (112)	
US		US US		3. Date Incorporated or Qualified 10/25/1990	3a. Date of Last Report 02/14/1995	
1]	ace of Business	2a. Mailing Address 26		4. FET Number 65-0229339	Applied For Not Applicable	
Suite, Apt. :		Suite, Apt. #, etc. 27 # 201		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	[] \$5.00 May Be Added to Fees	
<i>Z</i> ₁p <u>1</u>	Country 25 9. Name and Address of Curre	Zip 29 ent Registered Agent	Country	8. This corporation has liability for in Florida Statutes 52 Yes 10. Name and Address of New Rights 10. Name and Address of New Rights 11. Name and Rights 12. Name Rights 13. Name Rights 14. Name Rights 15. Name Rights 16. Name Rights 16. Name Rights 17. Name Rights 18. This corporation has liability for in Figure Rights 18. This corporation has liability for in Figure Rights 19. Name Rights 19.	□No	
LOWRIE	, DOROTHY J		81 Name			
850 PAF STE 201	rkshore dr I		82 Street Add	lress (P.O. Box Number is Not Acceptable	9)	
	FL 33940		84 City		■ 85 Zip Code	
I1. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named corpo	ration submits this statement for the purp and of directors. Thereby accept the appo	<u> </u>	
familiar wit	th, and accept the obligations of, Se	ction 607,0505, Florida Statutes.	a by the corporation's boa	ard of directors. Thereby accept the appo	intment as registered agent. I am	
2.	Signature, typod or printed name of registered ag-	nd and the darpheatre (NOTE NO DIRECTORS	Regulered Agent signature respon		DATE	
IILE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition	
iame	LOWRIE, JAMES F.	<u> </u>	1.2 NAME		C change C Montroll	
REET ADDRESS	850 PARK SHORE DR		1.3 STREET ADDRESS			
TY+S1+ZIP	NAPLES FL	····-	1.4 CHTY - \$T - 7(F)			
ī,ē	LOWRIE, DOROTHY J.	DELF IF	2 1 TITLE		Change Addition	
AME	850 PARKSHORE DR		2.2 NAME			
	NAPLES FL		2.3 STREET ADDRESS			
IY-SI-ZIP	TWA LLO ? L	□ DELETE	2.4 CITY - ST - ZIP		Change Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trust 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.

SIGNATURE:

SIGNATURE:

Obtain Type on PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/2/86 941-643-2474