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

Mar 20 1998 8:00am											
Secretary of State											

EII ED

1. Corporati	MENT on Name	# S1083	8	(8)								
T.F.E.I	R.W.G., IN	C.										
Principal Place of Business Mailing Address								i Ohali Ohali B				
3435 10TH 8	STREET NORTI	н	34	135 TOTH STREET NO	RTH							
SUITE 101 SUITE 101						•			DO NOT WRITE IN THIS	CDACE.		
NAPLES FL	33940		N	APLES FL 33940					3. Date Incorporated or Qualified	SPACE		\neg
									11/05/1990			
2. Principal I	Place of Busin	1055	28.	26. Mailing Address					4. FEI Number		Applied For	\dashv
21				26					59-3047291		Not Applicat	ble
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Regulred	
City & Sta	te			City & State					6. Election Campaign Financing		O May Be	\dashv
23			28	28					Trust Fund Contribution		d to Fees	
Zip		Country		Zip	_	Country	'		8. This corporation owes or has paid the cu			1
24	24 25 9, Name and Address of Current			29 30					Personal Property Tax due June 30. Yes No			
			iii vediki	ared Agent		81	Name		10. Name and Address of New Registered	Agent		\dashv
	rzgerald, 25. jatu et	TEKENCE TREET NORTH										
	35 10111 51 JITE 101	REEI NORTH				82	Street	Addre	ss (P.O. Box Number is Not Acceptable)			
	VPLES FL 33	3940				63						\dashv
111		,					Ów.			1		_
						84	City		FL	. `	Code	
11. Pursuant office or	to the provisi	ons of Sections 607.050	02 and 60	7.1508, Florida Statu	tes, the	e above	-named	corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the app	changing	its registere	d
agent. I a	am fam iliar wi	th, and accept the oblig	ations of,	Section 607.0505, FI	lorida S	Statutes).	porallo	are board of directors. Thereby accept the app	omanent a	s registered	'
SIGNATURE	Cinembura turned	or printed name of registered age		0.00								_
12.	Signature, typisti	OFFICERS AN				3.	nt signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	PS IN 12	£
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STREET ADDRESS				1.3 ST			address	NESS				
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NAME		RGER, EDWARD A.				2 NAME						
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NAME		, WILLIAM G.				2 NAME				- CHANGE	L. AUURK	110
STREET ADDRESS		WIND LANE				3 STREET	address					
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NAME					4.	2 NAME						
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STREET ADDRESS CITY-ST-ZIP					1	3 STREET A	i					
TITLE	<u>-</u>			DELETE		4 CITY-ST 1 TITLE	- 214			Change	☐ Additio	n l
NAME	4					2 NAME					RUUIIIU	"
STREET ADDRESS						STREET /	ADDRESS					
CITY-ST-ZIP						CITY-ST	- 1					
	ertify that the	information supplied wi	ith this fili	na does not qualify to				d in Se	ection 119 07(3)(i) Florida Statutes I further ce	tify that the	a information	$\overline{}$

Inereby certify that the information supplied with this filling 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.