SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S16849

(9)

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Principal Place of Business Mailing Address							3 1001(010 401 11010 01101 10164 01810 1011 0101	s Sittis midsi midi) trans arası saat
5980 WINKLER FORT MYERS F			5980 WINKLER ROAD Fort Myers FL 33919				DO NOT WRITE IN TH	IS SPACE
							3. Date Incorporated or Qualified	
							12/06/1990	
2. Principal PI	ace of Business	2a. M	lailing Address				4. FEI Number	Applied For
21		F	26				65-0231979	Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				[\$8.75 Additional
22		27	27				5. Certificate of Status Desired	Fee Required
City & State		C	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zi	ip	Cou	intry		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29		30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Register	red Agent				10. Name and Address of New Registere	d Ag ent
SMIT	'H, William R.				81	Name		
	1 SIX MILE CYPRESS PARKWA	Υ			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	T MYERS FL 33912						,	
					83			_
					84	City		85 Zip Code
					**	City	F	L SS ZIP COUR
office or r	to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida.	. Such change was :	authorized	d by ti	amed corpor he corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	ch an ging its registered cointment as registered
			0000011 001.0000, 11	ongo Qua	utoo.			1
SIGNATURE	Signature, typed or priming name of registered and	ol and tibe if an				ent signature regu	ilized when religitation) DATE	
	Signature, typed or printed name of registered age		oplicable (N			ent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES A	AND DIRECTORS IN 12
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indicated on this annual report or supplementer 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 explored 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 entachment with an oderess.

CICALATURE A STATE I MINISTER

CR2E034 (5/98)

FILED

Aug 05 1998 8:00am

Secretary of State