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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # \$20028

(4)

THE LAW FIRM OF THOMAS E. SHIPP, JR. & ASSOCIATE S. P.A.

Principal Place of Business 4223 DEL PRADO 6LVD CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

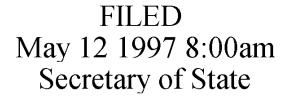
4223 DEL PRADO BLVD CAPE CORAL FL 33904-7167

2a. Mailing Address

Suite, Apt. #, etc.

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27





H/29/97 (941)542-1131

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

03/26/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

01/01/1991

65-0234316

4. FEI Number

City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees		
	Zip Country		— h	-¬ `		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 25 25 26 27 25 26 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28				29 30			Florida Statutes Yes No		
			nt Hegist	erea Agent		81	Name	10. Name and Address of New Registered Agent	
SHIPP, THOMAS E. JR						bi Name			
4223 DEL PRADO BLVD CAPE CORAL FL 33904					Ţ	82	Street A	ddress (P.O. Box Number is Not Acceptable)	
					83				
					ĺ				
					Ī	84	City	FL 85 Zip Code	
office or r	registered age	ons of Sections 607.05 ont, or both, in the Sta n, and accept the obli	to of Florida	a. Such change was	authorized	l by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Standard London	r printed name of registered a		Ale	ore to all all			equired when reinstating) DATE	
12.	olymature, typiaa e	OFFICERS A			13.	Age	ii signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	DPST		DELETE		1.1 TALE		Change Addition	
NAME	SHIPP, THOMAS E. JR			1.2 N		ME	j		
STREET ADDRESS				1.9 S		REEL	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL			1.4 0		Y - \$1	1 - ZIP		
TITLE				DELETE	21111	LF		Change Addition	
NAME					2.2 NA	Μ£	ļ		
STREET ADDRESS					2.3 \$11	REFT.	ADDRESS		
CITY-ST-ZIP	<u> </u>				2 4 CI	1Y-S	T- ZIP		
TITLE				DELETE	3.1 111	LE	1	Change Addition	
NAME	1				3.2 NA	ME			
STREET ADDRESS					3.3 ST	REET.	ADDRESS		
CITY-ST-ZIP					3.4. CI	1Y-S	1 - ZIP		
TITLE	1			DELETE	4 1 1/17	LΕ	ĺ	☐ Change ☐ Addition	
NAME	}				4. 2 NA	MÉ	}		
STREET ADDRESS	1				4.3 \$16	REET.	ADDRESS		
CITY-ST-ZIP					4.4 CIT	<u> </u>	I - ZIP		
TITLE	1			DELETE	5.17(7		ŀ	Change Addition	
NAME	}				52 NA	ME	Ì		
STREET ADDRESS	ļ				5.3 \$1	REF1.	ADDRESS		
CITY-ST-ZIP				The Asia	5.4 CIT		I-ZIP		
TITLE	1			☐ DELETE	6.1 141		1	Change Addition	
NAME	1				6.2 NA	ME]		
STREET ADDRESS	,				6 3 STI	REET.	ADDRESS		
CITY-ST-ZIP	<u> </u>				6.4 C(T				
14. I do herel	by certify that on indicated or	the information suppl n this annual recort or	ied with thi suppleme	s filing does not qua ntal annual tenort is	lify for the e true and a	exer cou	mption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under eath; that	
I am an o	officer or direct	lor of the cerporation	or the rece	iver or trustee empo	wored to c	XĐCI	ute this re	port as required by Chapter 607, Florida Statutes; and that my name	