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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1001	***************************************		→		
DOCU	MENT # S21644	(7)				
	S PLACE OF BONITA SPRI					
/ Orlico	O LEGICE OF DOMINI OF IN	ived thailmin nia.		()	B GEBLE BEGER BEGER ANDRE BEGER GRAFE FAST	
Principal Plac	e of Business	Mailing Address		g (Mariaté ille rider ribis Arlis gebri dien	i Arbit didit Asali pinis gibit binis rabi	
10220 W. TERRY STREET BONITA SPRINGS FL. 22020		10220 W. TERRY STREET BONITA SPRINGS FL 34135-4735				
US	3413 5	US		3. Date Incorporated or Qualified	3a. Date of Last Report	
				12/27/1990	04/01/1996	
L	'lace of Business	28. Mailing Address		4. FEI Number	Applied For	
21		26		65-0247599	Not Applicable	
Suite, Apt #, etc		Suite, Apf. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New R	Yes No	
VAC.		tr ughieratan whatir	81 Name	IV. Haine and Address of New M	Ministra WAGIII	
	SMANN, CAROL A DIMPERIAL GOLF COURSE BLVI	1				
NAPLES FL-33042 34// 0			82 Street Add	eet Address (P.O. Box Number is Not Acceptable)		
1100	27 // -		83			
			84 City	, ==	A5 Zip Code	
			1 1 '		FL 85 39/10	
11. Pursuant office or r	to the provisions of Sections 607.050 registered ligent, or both, in the State	/2 and 807.1508, Florida Statute /00 Porida, Such change was a	s, the above-named cor uthorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered in	
agent La	am tauthir if with, and accept the liblig	alons of, Section 607 9505, Flo	rida Statutes.		4-15-97	
SIGNATURE	Signatural typed or printed national registered age	ent and little if applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	KAESMANN, CAROL A		1.2 NAME			
STREET ADDRESS	1829 IMPERIAL GOLF CS BD		1.3 STREET ADDRESS			
City St. Zifi	NAPLES FL	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition	
TIFLE NAME	D Kaesmann, Herbert C		2.1 IIILE 2.2 NAME		FT change FT vocation i	
STREET ADDRESS	1829 IMPERIAL GOLF CS BD		2.3 STREET ADDRESS			
CITY ST-ZIP	NAPLES FL		2. 4 CITY+ST-ZIP			
TOLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAMÉ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-S1-7IP			34. CITY-ST-ZIP			
THLF		DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-7IP			5.4 CITY-ST-ZIP			
1/11/6		DELETE.	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STHEFT ADDRESS			6.3 STREET ADDRESS			
C(TV.ST.7)D	1		64 CITY - ST - 78P		ì	

14. I do 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 thir 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 attach the with an address.

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

45197

397-4443

FILED

Apr 21 1997 8:00am

Secretary of State

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