FII F	NOW: FILING FEE	AFT	ER MAY 1 IS	\$22	5.0	00			
PROFIT CORPORATION ANNUAL REPORT 1996		4-10	FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Scoretary of State GDIVRONG/CONTRATORS			TATE.			
DOCUM 1. Corporation N	ENT # <b>S224</b>	71	(4)						
Principal Place of Business 4586 TRAWLER COURT #301 FT MYERS FL 33919			Mairing Address 4586 TRAWLER COURT #301 FT MYERS FL 33919				Date Incorporated or Qualified	Date of Last Report	
							12/31/1990 4. FEI Number	04/11/1995 Applied For	
2. Principal Place	e of Business	2a. 26	. Mailing Address				65-0232418	Not Applicable	
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28	Oity & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25 9. Name and Address of Currer	29	Zip Cour 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No  10. Name and Address of New Registered Agent		
11. Pursuant to	RS FL 33919  the provisions of Sections 607,050 diagent, or both, in the State of Floriand accept the obligations of, Sec	ida Suc	n change was aumorized .0505, Florida Statutes.	by the	corp	iamed corpo oration's boa	on submits this statement for the purpose of of directors. Thereby accept the appointmen	it as registered agents reason	
Si	grature, typeo or printed name of registered ager OFFICERS AN			Boy bess	I A <sub>spe</sub> i	t signature requir	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS	PTSD ALEXANDER, WAITE M. 4586 TRAWLER CT #301 FT MYERS FL	VEZ EZH K.	DELETE	1 11 12 N 1.3 S	IAME TREET	ADORESS		Change & Add.tion	
TITLE NAME STREET ADDRESS	FI MICHO FL		☐ OELETE	2 1 <sup>1</sup> 22 N 23 S	TITLE IAME STREET	ADDRESS		Change Addition	
CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS			☐ DELETE	3 1 32 N 33	TITLE VAME STREE	F ADDRESS		Change Addition	
CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS			☐ DELETE	4 1 421 435	TILLE NAME STREET	I ADDRESS		☐ Change ☐ Addition	
CITY-S1-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	5 1 521 53:	TITLE NAME STREE	T ADDRESS		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Det € TE	6.1	TILLE NAME	ST-ZIP T ADDRESS		Change Addition	

14. I do hereby certify that the information supplied with this firing 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 that my signature shall have the same legal gibest 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 produce appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WATE

WATE

No. A STATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dispansificant Control of the Corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and produce appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WATE

No. A STATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dispansificant Control of the Corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 gibest as if made under on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal gibest as if made under the certific to the corporation of the corporation

CR2E034 (12/95)