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May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S26100 (5)

1. Corporation Name  
ARANDA REFERRAL, INC.



Principal Place of Business  
1716 CAPE CORAL PKWY  
CAPE CORAL FL 33904

Mailing Address  
1716 CAPE CORAL PKWY  
CAPE CORAL FL 33904-9620

3. Date Incorporated or Qualified  
01/18/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 4403 SE 16th PLACE

2a. Mailing Address  
26 4403 SE 16 PLACE

Suite, Apt. #, etc.  
22 #3

Suite, Apt. #, etc.  
27 #3

City & State  
23 Cape Coral, FL

City & State  
28 Cape Coral FL

Zip  
24 33904

Country  
25 U.S.A

Zip  
29 33904

Country  
30 U.S.A

4. FEI Number  
65-0242621

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
CONTI, JOHN J.  
1716 CAPE CORAL PKWY  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Michael Izzo Sec. Mrs.

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CONTI, JOHN J.

STREET ADDRESS 1719 S.E. 8TH PLACE

CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME IZZO, MICHAEL

STREET ADDRESS 12530 BARRINGTON CT

CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *[Signature]* MICHAEL IZZO SEC. MRS. 4/9/97 941-542-8700

Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)