## 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

DOCUMENT # S51249

(8)

FEASINOMICS, INC.

STREET ADDRESS

FILED							
Jun 03	1997	8:00am					
Secre	etary c	of State					

A LABOLINIA ING METAK KINEK KINEK KINEK MERIKATAN MENEK MINEK MINEK MENEK MENEK MENEK MENEK HINEK FANA

11-18-97 QULICA DOES

Principal Plac	e of Business	Mailing Address			19841919 (91 9118) 45849 (1911 81916 5911 6	IDIR BROIT DIDIR OFBIT DIDIR BIDIL IBDI
1044 CASTELLO SUITE 103 NAPLES FL 339		1044 CASTELLO DRIVE SUITE 103 NAPLES FL 34103-8981				
US		US			<ol> <li>Date Incorporated or Qualified</li> <li>05/06/1991</li> </ol>	3a. Date of Last Report 08/12/1996
_ '	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0262544	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	y	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered Agent
BON	D, SCHOENECK & KING		8.	Name		
1167	' THIRD STREET S LES FL 33940		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)
(40)	DEG 1 E 00010		83	3		
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	2 and 607.1508, Florida Statut of Florida Such change was ations of, Section 607.0505, Fl	tes, the abor authorized b orida Statute	ve-named cor by the corpora es.	poration submits this statement for the plation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	Signature typed or printed name of registered age	ont and title it applicable (NOI	E: Registered Ap	gent signature requ	uireo when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	TIMMERMAN, MICHAEL J		1.2 NAME			
STREET ADDRESS	511 CARCIA ROAD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	NAPLES FL		1,4 CITY-	\$1-2IP		
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAMÉ			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAMI			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS				T AUDRESS		Į.
CITY-ST-ZIP			5.4 CITY-			i
TITLE		☐ DELETE	6.1 TITLE	01-11		☐ Change ☐ Addition

6.2 NAME 6.3 STREET AODRESS

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 in changed, or on an attachment with an address.