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

1. Corporatio	MENT # \$52050 OF MARCO, INC.) (9)			I ANDU BERK RIDU BIRN BIRN BIRN IBU
Principal Plac	ce of Business	Mailing Address			: Q10f1 Q10f1 Q10f1 Q10ff Q10f1 Q10f1 Q10f1
1912 SHEFFIELD AVE MARCO ISLAND FL 33937 US		1912 SHEFFIELD AVE MARCO ISLAND FL 3414 US	5-6703	Date incorporated or Qualified	3a. Date of Last Report
				05/10/1991	05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEt Number	Applied For
21		26		65-0261134	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	te	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	
24	25 25 Name and Address of Current	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
WIF		it negistered Agent	81 Name	10. Name and Address of No. 14	
WEBSTER, RONALD S. 993 NORTH COLLIER BLVD. MARCO ISLAND FL 33937			82 Street Ad	dress (P.O. Box Number is Not Acceptal	hle)
			62 Sileet Au	dress (F.O. Box Northber is Not Acceptat	JIO)
] ""-			83		
			84 City		85 Zip Code
	10-10-00705	20 CO7 4500 Flide Cent	tes the share pared or	reportion authority this statement for the	FL of Expension its registered
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	pations of, Section 607.0505, F	authorized by the corpor florida Statutes. DTF: Registered Agent signature rec	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TIFLE	P	DELETE	1.1 TITLE		Change Addition
NAME	STONE, NIELS		1.2 NAME		
STREET ADDRESS	1912 SHEFFIELD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	ST SLAVIN, KEVIN	C otter	2.2 NAME		
STREET ADDRESS	1022 MANTEE RD APT 304		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		2. 4 CITY-ST-ZIP		
TITLE	100 200 70	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAMÉ		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C(TY+ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY-SI-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
0.774 07 740			6 A CITY ST. 7IP		

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.

1/14/90

FILED

Feb 18 1997 8:00am

Secretary of State