## 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 # S63441

**(7)** 

R.L. RESER & ASSOCIATES, INC.

| FILED              |
|--------------------|
| Apr 29 1997 8:00am |
| Secretary of State |



| Suinc. April P. Cit.   | Principa' Place of Business<br>250 TIMBER LAKE CIRCLE<br>SUITE 104<br>NAPLES FL 33942 |                           | Mailing Address  2011 TAYUANI TRAIL NOWH  875 206  NAPLES PLANES ASSOCIATED |              |            | -                      |                                      |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------|--------------|------------|------------------------|--------------------------------------|----------------|----------------|
| Mode      |                                                                                       |                           |                                                                             |              |            |                        | , ,                                  | 1              |                |
| Sale Apt # Cit C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | lace of Business          | <b></b>                                                                     | <u> </u>     | - X        |                        |                                      |                | Applied For    |
| City & State    20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                           | 26                                                                          | 500 FIF      | TH AVE     | 59.                    | 65-0278490                           |                | Not Applicab   |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   City & Country   City | _                                                                                     | #, etc.                   | n                                                                           |              |            |                        | 5. Certificate of Status Desired     | , , , , ,      |                |
| Trust Fund Contribution   Added to F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | f!                        |                                                                             |              |            |                        | 6 Finction Compaign Financing        |                |                |
| Zip   Country   Zip   Country   Zip   Country   Zip   Site   Si   |                                                                                       | •                         |                                                                             |              | . F        | L                      |                                      |                | ded to Fees    |
| RESER, RICHARD L. 250 TMBER LAKE CIRCLE SUITE 104 NAPLES FL 33942  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florids Statutes. the above-named corporation submits this statement for the purpose of changing its recommendation of control of the provisions of Socions 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its recommendation of the pu |                                                                                       | Country                   |                                                                             |              |            | у                      |                                      |                |                |
| 10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address of New Registered Agent   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Address of New Registered Agent   10. Name and Address (P.O. Box Number is Not Acceptable)   10. Name and Number   10. Name and Numbe   |                                                                                       | 25                        | 29                                                                          | 34102        | 30 Co      | LLIES                  |                                      |                |                |
| The provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its resulting or expected agent, or both, in the State of Fords Such change was authorized by the corporation submits this statement for the purpose of changing its resulting or expected agent, or both, in the State of Fords Such change was authorized by the corporation submits this statement for the purpose of changing its resulting or agent  |                                                                                       | 9. Name and Address of Cu |                                                                             |              |            |                        | 10. Name and Address of New Re       | glatered Agent |                |
| SUITE 104 NAPLES FL 33942  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 redifice or registered agont, 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 agont, 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 agont, or both, in the State of Florida Statutes.  SIGNAL INF.  12. OFFICERS AND DIRECTORS  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  13. STREET ADDRESS  14. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  15. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  16. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  17. ST. ZP  18. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  18. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  19. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS | RES                                                                                   | er, richard L.            |                                                                             |              | 61         | Name                   |                                      |                |                |
| SUTTE 104 NAPLES FL 33942  B3  City  City  FL  B5  Zip Coc  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 change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent, or both, in the State of Florida Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent, or both, in the State of Florida Statutes.  SIGNAL URL  SIGNAL URL  DATE  TITLE  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  11. TITLE  OFFICE RS AND DIRECTORS I  12. OFFICE RS AND DIRECTORS I  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  TITLE  DELETE  11. TITLE  Change  CHY ST JP  TITLE  DELETE  22. NAME  32. STREET ADDRESS  CHY ST JP  TITLE  DELETE  31. TITLE  Change  Change  CHY ST JP  TITLE  DELETE  31. TITLE  Change  | 250                                                                                   | TIMBER LAKE CIRCLE        |                                                                             |              | Bá         | Street Addre           | ess (P.O. Box Number is Not Acceptab | ile)           |                |
| T11. 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 redifice or registrated agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registrated with, and accept the obligations of Section 607 0506, Florida Statutes  SIGNATURE  Section Floridation with, and accept the obligations of Section 607 0506, Florida Statutes  (NOTE: Registered Apent segulator required when rembaling)  DATE  12. OFFICE IS AND DIRECTORS I  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  14. OTHER STATE  DELETE 11 TITLE  DELETE 11 TITLE  DELETE 21 TITLE  DELETE 21 TITLE  DELETE 21 TITLE  DELETE 31 TITLE  Change ACT STATE  CHANGES  ONLY ST-ZP  DELETE 41 TITLE  DELETE 31 TITLE  CHANGE  STREET ADDRESS  CHY ST-ZP  DELETE 41 TITLE  CHANGE  STREET ADDRESS  CHY ST-ZP  DELETE 31 TITLE  CHANGE  STREET ADDRESS  CHY ST-ZP  CHANGES  STREET ADDRESS  CHY ST-ZP  CHANGE  STREET ADDRESS  CHY ST-ZP  CHANGE  STREET ADDRESS  CHY ST-ZP  CHANGE  CHANG |                                                                                       |                           |                                                                             |              |            |                        |                                      |                |                |
| 11. Pursion 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 redighted 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, 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, 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, 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, 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, or both in the State of Florida. Such change is agent a | NAP                                                                                   | LES FL 33942              |                                                                             |              | 83         | 1                      |                                      |                |                |
| 11. Pursion 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 redighted 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, 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, 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, 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, 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, or both in the State of Florida. Such change is agent a |                                                                                       |                           |                                                                             |              | 84         | City                   |                                      | 85             | Zip Code       |
| diffect or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regarder than familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  14. THE  OFFICERS AND DIRECTORS  15. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  INTE  BRESER, RICHARD L  25. TIMBER LAKE CIRCLE  NAME  22. NAME  14. CITY-ST-ZIP  INTE  OFFICERS AND DIRECTORS  15. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  Change  Chang |                                                                                       |                           |                                                                             |              | •          | '                      |                                      |                |                |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                           |                                                                             |              | . <u> </u> | gent signature require |                                      |                | CTORS IN 12    |
| 13 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • • • • • • • • • • • • • • • • • • • •                                               |                           |                                                                             |              | 1.1 TITLE  |                        |                                      | Ch             | ange 🔲 Additi  |
| DELETE   1.4.CITY-ST-ZIP   DELETE   D   | NAME                                                                                  | RESER, RICHARD L.         |                                                                             |              | 1,2 NAME   | Ì                      |                                      |                |                |
| DELETE   D   | STREET ADDRESS                                                                        | 250 TIMBER LAKE CIRCLE    |                                                                             |              | 1.3 STREE  | T ADDRESS              |                                      |                |                |
| 22 NAME   22 STREET ADDRESS   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   25 NAME   32 NAME   32 NAME   32 NAME   32 NAME   33 STREET ADDRESS   33 STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   25 NAME   25 NAM   | DITY - ST - ZIP                                                                       | NAPLES FL                 |                                                                             |              | 1.4 CITY-  | ST-2IP                 |                                      |                |                |
| 23 STREET ADDRESS   2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ITLE                                                                                  |                           |                                                                             | DELETE       | 2.1 TETLE  |                        |                                      | ☐ Ch           | ange           |
| C   Y - SI - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AAME                                                                                  |                           |                                                                             |              | 2.2 NAME   |                        |                                      |                |                |
| DELETE   3.1 TITLE   Change     NAME   3.2 NAME     3.3 STREET ADDRESS     CITY - ST - ZIP     TITLE   DELETE   4.1 TITLE   Change     NAME   A.2 NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE   DELETE   A.3 STREET ADDRESS     CITY - ST - ZIP     TITLE   DELETE   S.1 TITLE   Change     NAME   STREET ADDRESS     STREET ADDRESS   | STREET ADDRESS                                                                        |                           |                                                                             |              | 2.3 STREE  | T ADDRESS              |                                      |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C 14 - ST - ZIP                                                                       |                           |                                                                             |              |            | -ST-ZIP                |                                      |                |                |
| 3.3 STREET ADDRESS   3.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HILE                                                                                  |                           |                                                                             | ☐ DELETE     |            |                        |                                      |                | ange 🛄 Additi  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             |              |            |                        |                                      |                |                |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                                                     |                           |                                                                             |              |            |                        |                                      |                |                |
| A 2 NAME   A 2 NAME   A 3 STREET ADDRESS   A 3 STREET ADDRESS   A 4 CITY-ST-ZIP      | ···                                                                                   |                           |                                                                             | Otilete      |            | -ST-ZIP                |                                      |                | ange 🗌 Additi  |
| A3 STREET ADDRESS   A4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                           |                                                                             | I''') OFFEIE |            |                        |                                      | L (1)          | engo LI Addio  |
| A4 CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                           |                                                                             |              |            |                        |                                      |                |                |
| TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         6.1 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change           NAME         6.2 NAME         Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                           |                                                                             |              |            | 1                      |                                      |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             | DELETE       |            | <del></del>            |                                      | ☐ CH           | nange          |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | :                         |                                                                             |              |            | 1                      |                                      | <del></del>    | . —            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             |              |            | 1                      |                                      |                |                |
| DELETE 6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | <br>                      |                                                                             |              |            | - 1                    |                                      |                |                |
| NAME 62 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                           |                                                                             | ☐ DELETE     |            |                        |                                      | ☐ Ct           | nange 🔲 Additi |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             |              | 6.2 NAME   |                        |                                      |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             |              | 63 STRE    | ET ADDRESS             |                                      |                |                |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                           |                                                                             |              | 64 CITY    | ST-ZIP                 |                                      |                |                |

i. Edo hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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

COLONIA DE LO COME DE SIGNING OFFICER OR DIRECTOR

4/22/97

Dayt-me Phone #