FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

Pol. Box 6003 Pol. Box 600	DOCUN 1. Corporation CARLI		(' /		1 188 HELE INE BANK NEBAK 1810) BAKBA 1411 BA	DIK BIRDIK BIRKA BIRKIK BIRDIK BIRDIK
2. Participat Place of Punices 22 Maining Address 25 Maining Address 26 State, April 14, etc. 27 State, April 14, etc. 27 State, April 14, etc. 28 State, April 14, etc. 27 State, April 14, etc. 28 State, April 14, etc. 28 State, April 14, etc. 29 State, April 14	P.O. BOX 60053 FT MYERS FL 33906-0053		P.O. BOX 60053 FT Myers FL 33906-0053			
Section Sect					3. Date Incorporated or Qualified 3a. D 07/22/1991	vate of Last Report 02/22/1995
Section Sect			Fr. ∞q		4. FEI Number 65-0289613	
State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
Country Zip Country Zip Country Zip Sign Country Sign	Orty & State		City & State		·	\$5.00 May Be
Set Name and Address of Current Registered Agent CARLISLE, EARL 11525-9 CLEVELAND AVE FT MYERS FL 33907 11. Pursuent to the provisions of Sections 607 (6007 and C07.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered differ or registered agent, or body. In the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and above the cellipation of Science 607.0506, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, a lam to accept the delipation of Science 607.0506, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, a lam to accept the delipation of Science 607.0506, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, a lam to accept the delipation of Science 607.0506, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, a lam to registered agent, a lam to the purpose of changing its registered office or registered agent, a lam to the purpose of changing its registered difference of the purpose of changing its registered agent, a lam to the purpose of the purpose	, Zip	F¬ı	Zip	<u></u> -1	8. This corporation has liability for intangible	e tax under s 199.032,
Back	.571		L	1301		
1152559 CLEVELIAND AVE FT MYERS FL 33907 85 20 Code 20 Cleve 20				81 Name		
This part 1995 Cleve Land Average Addition Bas Clay FL Bas Bas				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
B4 City						
Part	FT MYI	ERS FL 33907		83		
Part				84 City		. 85 Zip Code
SIGNATURE Sign				[.]		' L '
NUM	or registere famil ar with	id agent, or both, in the State of F i, and accept the obligations of, S	lorida: Such change was authoriz fection 607.0505, Florida Statutes	es, the above hamed corpo ed by the corporation's boa i.	rd of directors. I hereby accept the appointment	as registered agent. I am
1.		signature, i typie dish primlesi manin, of registered a	gent and title Lapphyable (No.	TE Registered Agent signature require	d when renstating) DATE	<u> </u>
CARLISLE, EARL BOX 60053 N/A FT MYERS FL		OFFICERS	Control to the control of the contro			ND DIRECTORS IN 12
BOX 60053 N/A FT MYERS FL	TIFLE	_	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing 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 effect as if made under outli; 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:

SIGNATURE AND TYPED BEFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Determine There are the corporation of the corporation of the same legal effect as if made under outlier 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:

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995-1740 Deytmie Phone #

CR2E034 (12/95)