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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81877

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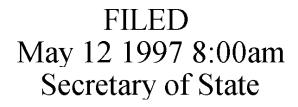
FANTAILS, INC.

Principal Place	of Business	

Mailing Address

2122 SECOND ST.

2122 SECOND ST.





FORT MYERS FL 33901		FORT MYERS FL 33901-3013							
						3. Date Incorporated or Qualified 09/23/1991		le of La 1/199	st Report
2. Principal P	Principal Place of Business 2a. Mailing Address 26			4, FEI Number 65-0286077	·		Applied For Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required	
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zip 24	Country 25	7(p	30 Cou	intry		8. This corporation has liability for in Florida Statutes		tax und No	ler s. 199.032,
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Reg	Istered /	gent	
PEDI	EN, PAUL D.			81	Name				
2122	SECOND ST. T MYERS FL 33901			82	Street Addi	ess (P.O. Box Number is Not Acceptabl	e)		
1011	I WILLIO I E GOOD I			83			•		
				84	City			85	Zip Code
SIGNATURE						oration submits this statement for the pi ion's board of directors. I hereby accep		changii pintmen	ng its registered It as registered
	Signature, typed or printed name of registered age			d Age	el agnature requi	od when reinstating)	DATE	FUDEO	1000 11 10
12. TITLE	OFFICERS AND	DELETE	13. 1.1 Til			ADDITIONS/CHANGES TO OFFIC		Char	
NAME	PEDEN, PAUL D.	F DECEME	1.2 N/		- 1			اهالک (ige [_] Addition
STREET ADDRESS	2122 2ND ST.				ADORESS				
CITY-ST-ZIP	FORT MYERS FL 33901				1-ZIP				
TITLE	VD	DELETE	2.1 TC		1-21			Char	nge Addition
NAME	PEDEN, CRAIG D		2.2 N/	ME				_	
STREET ADDRESS	2122 2ND ST.		2.3 SI	REE1	ADDRESS				i
CITY-ST-ZIP	FORT MYERS FL 33901				31 · ZIP	•			
TITLE	STD	DELETE	3 1 11	1LF				Char	nge Addition
NAME	PEDEN, CRAIG D.		3.2 NA	AME					
STREET ADDRESS	2122 SECOND ST		3.3 S1	REET	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL		3.4. C	(1 Y - 9	ST- ZIP				
TITLE		☐ DELETE	4.1 10	TLE				☐ Char	nge 🔲 Addilion
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI		T-ZIP				
TITLE		DELEJE	5.1 1)		-			Char	nge [] Addition
NAME			5.2 N/						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		Dei cas	5.4.00	•	1 - 21P			T loc	Thanke
TITLE		DELETE	6170					□] Char	nge
NAME			6.2 NA		}				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI	TY - S	1- ZIP				

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 properties 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 fursive 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 attacking with an address.

941-334-8124 4171197