


FILED

Jan 16 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| <p>PROFIT CORPORATION ANNUAL REPORT 1997</p> |  | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morin Secretary of State DIVISION OF CORPORATIONS</p> |
|---|---|---|

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 2413 HARVARD AVE FT MYERS FL 33907 US | 2413 HARVARD AVE FT MYERS FL 33907-4325 US |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | |
|--|--|--|----------------|
| 3. Date Incorporated or Qualified 10/04/1991 | | 3a. Date of Last Report 02/09/1996 | |
| 4. FEI Number 65-0297351 | | Applied For | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 10. Name and Address of New Registered Agent | | | |

| 9. Name and Address of Current Registered Agent | |
|---|-------------------|
| CHAPMAN, MICHAEL D. | B1 Name |
| 2631 PURSELANE DRIVE | B2 Street Address |
| FORT MYERS FL 33905 | B3 |
| | B4 City |

FL

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 registered office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registrant agent and title if applicable (NOTE: Registrant Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. | |
|----------------------------|--|-----|--------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 | LE |
| NAME | CHAPMAN, MICHAEL D. | 1.2 | ME |
| STREET ADDRESS | 2413 HARVARD AVE | 1.3 | REET ADDRESS |
| CITY - ST - ZIP | FT MYERS FL | 1.4 | Y - ST - ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 | LE |
| NAME | MYERS, DAVID | 2.2 | ME |
| STREET ADDRESS | 2413 HARVARD AVE | 2.3 | REET ADDRESS |
| CITY - ST - ZIP | FT MYERS FL | 2.4 | Y - ST - ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 | LE |
| NAME | | 3.2 | ME |
| STREET ADDRESS | | 3.3 | REET ADDRESS |
| CITY - ST - ZIP | | 3.4 | Y - ST - ZIP |
| TITLE | <input type="checkbox"/> DELETE | 4.1 | LE |
| NAME | | 4.2 | ME |
| STREET ADDRESS | | 4.3 | REET ADDRESS |
| CITY - ST - ZIP | | 4.4 | Y - ST - ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 | LE |
| NAME | | 5.2 | ME |
| STREET ADDRESS | | 5.3 | REET ADDRESS |
| CITY - ST - ZIP | | 5.4 | Y - ST - ZIP |
| TITLE | <input type="checkbox"/> DELETE | 6.1 | LE |
| NAME | | 6.2 | ME |
| STREET ADDRESS | | 6.3 | REET ADDRESS |
| CITY - ST - ZIP | | 6.4 | Y - ST - ZIP |

[illegible]

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.

SIGNATURE: Michael D. Chapman MICHAEL D. CHAPMAN Date 9-1-93 Daytime Phone # 941-936-6555

CR2E034 (9/96)