

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

FLAMINGO HOLIDAY HOMES INC.

(6)

Principal Place of Business:
117 S.W. 53RD TERR
CAPE CORAL FL 33914
US

P. O. BOX 450 N/A
CAPE CORAL FL 33910-0450
US

2. Principal Place of Business

2a. Main Address:

21 _____
State, Apt. #, etc.

26 | State Apt #, etc.

22 _____
City & State

City & State

23	ZIP	County
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28 | Zip | Country

9. Name and Address of Current Registered Agent

HEIST, H. ANTHONY
1661 ESTERO BLVD.
SUITE 16
FT MYERS BEACH FL 33932

81 | N₂O₂H₂

82	Street Address (P.O. Box Number is Not Acceptable)
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83

64 C.F.

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0602 and 607.1606, 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 corporate body of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0606, Florida Statutes.

SIGNATURE

3. $\lim_{n \rightarrow \infty} \frac{1}{n} \sum_{k=1}^n f\left(\frac{k}{n}\right) = \int_0^1 f(x) dx$ for any continuous function f on $[0, 1]$.

$$\frac{1}{2} \left(\frac{1}{2} \right)^{n-1} = \frac{1}{2^n} \quad \text{for } n \geq 1 \quad \text{and} \quad \frac{1}{2} \left(\frac{1}{2} \right)^0 = \frac{1}{2} \quad \text{for } n = 0.$$

1992

12. OFFICERS AND DIRECTORS

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1921

NAME	PLATTNER, ANDREW
STREET ADDRESS	117 S.W. 53RD TERRACE
CITY	CAPE CORAL FL

TEL.F	[]
NAME	
STREET ADDRESS	

TITLE NAME STREET ADDRESS	[] OFFICE
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CITY STATE ZIP	DATE
TITLE	
NAME	
STREET ADDRESS	

City-State	
Time	() Day
Name	
Street Address	

CITY STATE ZIP	
TIME	☐ DAY ☐ NIGHT
NAME	
STREET ADDRESS	

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 supplementary filing and its report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trust or trustee responsible for the filing. I am not the agent as required by Chapter 604, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or supplementary filing as an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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