FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V34021

(8)

Principal Pluc 4117 WEST GU SANIBEL FL 33 US	LF DRIVE	Mailing Address P.O. BOX 146 SANIBEL FL 33957-0146 US				
••					3. Date Incorporated or Qualified	3a. Date of Last Report
2 Dipoinal F	Place of Business	2a. Mailing Address			05/04/1992 4. FEI Number	01/31/1996 Applied For
	West Gulf Drive	26. Maning Address		!	52-1780468	Not Applicable
Suite, Apl		Suite, Apt. #, etc				\$8.75 Additional
22 #1		27			5. Certificate of Status Desired	Fee Required
City & Stat		City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing	\$5.00 May Be
	bel, FL	28			Trust Fund Contribution	Added to Fees
Zip 24 3395	Country 7 25 US	Zip	Country	}	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☑ Yes ☐ No
24 3395	9. Name and Address of Curren		10		10. Name and Address of New Re	
GiL	, KENNETH R.		81 Name			7
4117	WEST GULF DRIVE IBEL FL 33957		83	5 We	(P.O. Box Number is Not Acceptates t Gulf Drive, #1	,
			84 City San:	ibel		FL 85 Zip Code 33957
agent. La SIGNATURE	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligation Supervise type to protect name of registered age OF FICERS AN	ations of Section 607,0505, Flori	da Statutes. Registered Agent signature			DATE
1071.6	PD	DELETE	1.1 TITLE	PD	7,0011101101010101010101	Change Addition
NAME	GILL, KENNETH R		1.2 NAME	1	l, Kenneth R.	
STREET AUGRESS	4117 WEST GULF DRIVE		1.3 STREET ADDRESS	266	West Gulf Drive,	#1
CITY - S1 - ZIP	SANIBEL FL	/ Dr. cre	1.4 CITY - ST - ZIP		ibel, FL 33957	MIS TIME
IIIU	STD GILL, JOANNE F	☐ DELETE	2.1 TITLE	STD		
NAME STREET ADDRESS	4117 WEST GULF DRIVE		2.2 NAME 2.3 STREET ADDRESS		l, Joanne F.	# 1
CITY - ST - ZIP	SANIBEL FL		2.4 CITY-ST-ZIP		West Gulf Drive, in the State of the State o	f L
TALE		DELETE	31 TITLE	Sau.	LUCIS III JJJJI	Change Addition
NAME			32 NAME		ż.	÷ *
STREET ADDRESS		•	3.3 STREET ADDRESS			
CITY ST ZIF			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME	1		4. 2 NAME			,
STREET ADDRESS	į		4.3 STREET ADDRESS			
CITY - ST - ZIP		Operate	4 4 CITY - ST - ZIP	ļ		
TITLE		DELETE	5.1 TITLE	[Change Addition
NAME ON THE PROPERTY.			5.2 NAME			
STREET ADDRESS						
autu nr ···			5.3 STREET ADDRESS			ł
C(TY+S1-ZIF		□ neiete	5.4 CITY-ST-ZIP			Change Addition
CITY+ST-ZIF TITLE NAME		☐ DELETE				Change Addition

6.4 CITY - ST - ZIP 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 fiequired 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.

FILED Apr 02 1997 8:00am Secretary of State

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