	PROFIT DRPORATION NUAL REPORT <b>1997</b>		DRIDA DEPARTI Sandra B. I Secretary DIVISION OF CO	of State	Feb 21 1 Secreta	997 8:0 ary of St	
	JMENT # <b>V45</b> 0 NDHEAD INVESTMENT		(4)				
Principal Place of Business     Mailing Address       6640 ESTERO BLVD.     6640 ESTERO BLVD.       FORT MYERS BEACH FL 33931     FORT MYERS BEACH FL 33931			31-4512				
					3. Date Incorporated or Qualified 06/22/1992	3a, Date of Last Repo 03/25/1996	ort
2. Principal 21	Place of Business	2a. Mailing	Address		4. FEI Number 65-0344 195	Appli Not A	ed For pplicable
Suite, Ap	ol #, etc.	Suite, A	pt. #, etc.		6. Certificate of Status Desired	\$8.75 Add     Fee Requi	
22 City & Sta	ate	27 City & S	lale		6. Election Campaign Financing	\$5.00 Me	iy Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for in	Added to F	
24	25 9. Name and Address of	29 of Current Registered Ag	34 ent	o]		Yes 🛄 No	
	INSRUD, MARY ANNE			81 Name			
	10 Estero Blvd. Rt myers beach FL 339	931		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
				83			
				84 City		EI 85 Zip Cod	le
11. Pursuar	nt to the provisions of Sections	s 607.0502 and 607.1508,	Florida Statutes		poration submits this statement for the p	FL	-
11. Pursuar office or agent. I	nt to the provisions of Sections r registered agent, or both, in I am familiar with, and accept t	s 607.0502 and 607.1508, the State of Florida. Such the obligations of, Section	Florida Statutes change was aut 607.0505, Florid	, the above-named cor	poration submits this statement for the p tion's board of directors. I hereby accep	FL	-
agent. I SIGNATURE	am familiar with, and accept t Signature, typed or privited name of re	the obligations of, Section	607.0505, Florid	, the above-named cor horized by the corpora da Statutes.	ured when reinstaling)	UTPOSE of changing its re t the appointment as reg	egistered listered
agent. I SIGNATURE 12.	am familiar with, and accept the Signature, typed or privited name of re- OFFIC	the obligations of, Section	607.0505, Florid	the above-named cor inorized by the corpora da Statutes. Registered Agent signature requ 13.		UTPOSE of changing its re t the appointment as reg DATE DATE	egistered listered
agent. I SIGNATURE	am familiar with, and accept the Stevatore, typed or protect name of re- OFFIC D Control of the	the obligations of, Section agistered agent and the it applicable CERS AND DIRECTORS	607.0505, Florid	, the above-named cor horized by the corpora da Statutes.	ured when reinstaling)	UTPOSE of changing its re t the appointment as reg DATE ERS AND DIRECTORS I	N 12
agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS	am familiar with, and accept f Signature, typed or protect name of re- OFFIC D LAWRENCE, DAVID A. 1303 S. FRONTAGE RD	the obligations of, Section agistered agent and the it applicable CERS AND DIRECTORS	607.0505, Florid	the above-named contronized by the corporated Statutes.	ured when reinstaling)	UTPOSE of changing its re t the appointment as reg DATE DATE	N 12
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