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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46116

(2)

FLORIDA OUTFITTERS, INC.

FILED
May 01 1997 8:00am
Secretary of State



106 & 108 NAPLES FL 33940 US		106 & 108 NAPLES FL 34103-3068 US		06/22/1992 03/04/		4/1996	of Last Report <b>/1996</b>	
Principa⊟6 . تاريخ	Place of Business	2a. Mailing Address	٠, .	1	4. FEI Number 65-0343530			Applied For
ر ح∕ہ / [21 Suite, Apt	3/54 St.N.W. #, etc	26 /25 3/5/ Suite, Apt. #, etc. 27 /VC_P/C5 City & State	30, N.	W		F	<del></del>	Not Applicable  5 Additional
22 A/C P	les F1.	27 Naples	Fl.		5. Certificate of Status Desired		<b>-</b>	Required
		City & State	***************************************		6. Election Campaign Financing		\$5.0	0 May Be
23 341	2- 0 Country	28 34120 Zip	Country	<del></del>	Trust Fund Contribution	U		d to Fees
Ζιρ <b>24</b>	25 COLLICV	2)p	30 000	(10,0	8. This corporation has liability for it Florida Statutes	ntangible t ] Yes = [		r s. 199.032,
241	9. Name and Address of Curren		[30]	-/()	10. Name and Address of New Re			
LAG	REMANN, LISA ANN		81	Name		F		
131	31ST ST., NW		82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)		<del></del>
NAF	PLES FL 33984							
			63					
			84	City		FL	85 Z	ip Code
44 ()	007.000	00 COT 1000 Florida State	1 1		rporation submits this statement for the p			a ita sanlatara
SIGNATURE	5 qualities by ed or printed name of registered age	ert and title if applicable (NO	TE: Registered Age	ent signature requ	ulred when reinstating)	DATE		
	Suggestion typed or printed name of registered age	ent and title if applicable (NO	TE: Registered Age	ent signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC			
<b>12.</b> THU	OFFICERS AN		13. 1.1 TÜLE	ent signature requ			DIRECT Chang	
12.	OFFICERS AN DP LAGEMANN, LISA ANN	D DIRECTORS	13.					
12. THEF NAME	OFFICERS AN DP LAGEMANN, LISA ANN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS				
12. THEF NAME STREET ACORESS	OFFICERS AN DP LAGEMANN, LISA ANN 131 31ST ST., NW NAPLES FL VD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CERS AND		ge Additio
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4. 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 trusted 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #