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CAPE CORAL FL 33904  CAPE CORAL FL 33904  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Busin	SECOND NO	TICE: CORPORATION WILL BE DI E ON OR BEFORE 09/30/98: \$550 (IF DISS	SSOLVED ON O	R AFTER SI	EPTEMBER 30, REINSTATE: \$750).	1998. AND SE
The Compaction Nation    W 936 / 8  IRA SERVICES, INC.  Mailing Address   Sub Del PRODO BLVD	COR ANNU	PORATION JAL REPORT		Sandra B. M Secretary of	lortham ÉState	98 DEC -2 PM 3: 57
PRINCIPAL Place of Business   Mailing Address   230 DEL PRADO BLVD   315 EGO   CAPE CORAL PL 59904   A. CAPE CORAL PL 599	DOCU	MENT #	(1	)		MALLAHASSEE. FLÖRIÐA
PRINCIPAL Place of Business   Mailing Address   230 DEL PRADO BLVD   315 EGO   CAPE CORAL PL 59904   A. CAPE CORAL PL 599	IRA SER	VICES, INC.	,			
Principal Place of Business SEE 800 BL PRADO BLUD STE 400 CAPE CORAL FL 33904  2. Principal Place of Business 2. A Mailing Address Suita, Apt. #, etc.  2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Data Incorporated or Qualified OT/28/1992 3. Data Incorporated or Qualified OT/28/1992 4. FEI Number  1. Applied For 1. Mode of Business 2. Data Incorporated or Qualified OT/28/1992 4. FEI Number 1. Applied For 1. Mode of Business 2. Data Incorporated or Qualified OT/28/1992 4. FEI Number 1. Applied For 1. Mode of Business 2. Data Incorporated or Qualified OT/28/1992 4. FEI Number 1. Applied For 1. Mode of Business 2. Carification of Status Desired 1. St		•				
REINSTATEMENT  REINST	Principal Plac	e of Business	Mailing Addres	S		
APPE CORAL FL 33904  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Business  2. Principal Place of Business  3. Dust Independent of Stabus Desired  3. Control Place  4. Election Campsing Financing  Trust Fund Controllution  Added to Frees  3. Added to Frees  3. Name and Address of Currant Registered Agent  4. Name and Address of Place Internation  4. Address of Policipal Place Place  4. Principal Place of Business  4. Name and Address of Place Place  4. Principal Place Place  4. Principal Place Place  4. Principal Place  4. Principal Place  4. Principal Place Place  4. Principal Place  5. Control Place  5. Control	•		2503 DEL PRADI	O BLVD		PRINCENTENIENT AC
2. Principal Place of Business   22. Mailing Address   3. 17.14 CAPE CORAL PRCY   4. FEI Number   Applicable For Not Applicable   32. 17.14 CAPE CORAL PRCY   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   \$8.75 Additional For Research   5. Certificate of Status Desired   5. Certificate   5. Cert	STE 430 CAPE CORAL E	FI 33904		33904		BONOTWRITE IN THIS SPACE
2. Mailing Address   2. Mailing Address   3. Mail	ora E octure .		VIII 2 VVIII 2			
Suite, Apt. 8, etc.	2. Principal P	Place of Business	2a. Mailing Add	ress		V 1
To City & State    City & State	21		26 1714	CAPE C	CORAL PKG	
City & State   City & State   Cora   Country	<del></del>	#, etc.			, #====	
Zip   Country   Zip   Sol   33 9 0 4   30   Country   September		ie .	City & State	3		
25   29   23   33   90   74   Personal Property Tax due June 30.   Yes   No	23			CORA		
B. Name and Address of Current Registered Agent  ADAMSKI, ROBERT C 1714 CAPE CORAL PKWY 578-241  CAPE CORAL FL 33904  17. Permant to the provisions of sections 807.0502 and 807.1508, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognit tip obligations of yearloon 607.0505, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered office or many register days of the appointment as registered agent. I am familiar vity, and a cognit tip obligations of yearloon 607.0505, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognit tip obligations of yearloon for .0505, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognit tip obligations of yearloon for .0505, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognit tip obligations of yearloon of .0505, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognit tip obligations of .0705, Florida Statutes, the above-named composation submits this statement for the purpose of changing its registered agent. I am familiar vity, and a cognitive agent	<del></del> '	— <i>'</i>		A 30	1 <i>FiC1</i>	· · · · · · · · · · · · · · · · · · ·
ADAMSKI, RUBERT U  T114 CAPE CORAL PKWY  STE-201  CAPE CORAL FL 33904  84 City  FL 85 Zip Code  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 Ptonia, Such change was authorized by the corporation's board of directors, I hereby accept the obstinations of yellow 607.0503, Priorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and are supplied agent, and are supplied agent, and are supplied agent and are supplied agent and are supplied agent. The supplied agent is an area of agent agent agent and agent agent agent. The supplied agent agent agent agent agent agent agent agent agent agent. The supplied agent			1==1			
CAPE CORAL FL 33904  83  CAPE CORAL FL 33904  84 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607,0502 and 607,1508, Floridal 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 submits this statement for the purpose of changing its registered office or registered agent agent, or both, in the State of Floridas. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agent, or both, in the State of Floridas. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent a				•	81 Name	
CAPE CORAL FL 33904  83  84 City					82 Street	Address (P.O. Box Number is Not Acceptable)
Section   Sect					83	
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, 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, and many agent. Jam and an accept the obligations of years of policies agent. Jam and accept the obligations of years of the provision of the provision agent. Jam and an accept the obligations of years of years of years of the provision o	0,4	2 3010 12 1 2 3333 .			84 City	85 Zip Code
SIGNATURE    Signature   Signa	**					FL
Signature, typed or printed rame of registrates. (NOTE Registrated Agent signature register with reference when invitations)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. PRAME  DP	11. Pursuani office or agent. 1	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligations.	and 607,1508, Flori f Florida. Such cha ions of, section 607	ida Statutes, tr inge was auth 7.0505, Florida	ne above-named corized by the corp a Statutes.	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: I	Registered Agent signatu	e required when reinstating)  DATÉ
TITLE DST NAME ADAMSKI, ROBERT C ADAMSKI CAPE CORAL FIL  DELETE  3.1 TITLE NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  DELETE  ADAMSKI, ROBERT C ADAMSKI CAPE CORAL FIL  Change Addition ADELETE ADDRESS CITY-ST-ZIP  DELETE DELETE ADDRESS CITY-ST-ZIP DELETE ADBRESS CITY-ST-ZIP Change Addition A	12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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the company of the co	STREET ADORESS				6.3 STREET ADDRESS	
indicated on this annual report or suppliemental 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 effect 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.	CITY-ST-ZIP	wife that the information countries with a	is filing does set a			section 119.07(3Vi) Florida Statutes I further certify that the Information
	indicated of an officer of ln Block 12	eauty that the information supplied with a on this annual report or supplemental a or director of the corporation or the rece 2 or Block 13 if chanded, or on an attac	nnual report is true siver or trustee emp ament with an addi	and accurate powered to expense.	and that my signated the and that my signate this report a	ture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears

**SIGNATURE** 

11/12/98/94/-542-4733