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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54839 1. Corporation Name THE BLUE HERON OF ISLES OF CAPRI, INC.												
Principal Place	e of Business			g Address .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I SEON BALEN ONNY BLORY SOUDS DIGE.	SALL GEBEL GIVEN	OFOTO BEARI	Babaa Wal	(A) 4 00 1
387 CAPRI BLVD. 387 CAPRI BLVD. NAPLES FL 33962 NAPLES FL 34113-					313							
								3. Date Incorporated or Qualifie 08/03/1992		ate of La		oort
2. Principal P	lace of Business		2a. Ma	ailing Address				4. FEI Number				ied For
1	# clo	<u></u>	26	ite, Apt. #, etc.				65-0349582				Applicable
Suite, Apt 2	#, etc.		27	ше, жрс #, есс.				5. Certificate of Status Desired			/ D Ac e Req	lditional ulred
City & State	6			ly & State				6. Election Campaign Financing	 I		.00 M	
3			28					Trust Fund Contribution	<u> </u>		ded to	
Zip ∷⊓	}n	untry	Zıç)		untry		8. This corporation has liability	for intengible		ders. 1	99.032,
4	9. Name and Ad	idress of Cur	29 rrent Registere	d Agent	30	т		Florida Statutes 10. Name and Address of New				
TUC	KER, E. GLENN					81	Name					
	N. COLLIER BLVI).				B2 :	Street Add	ress (P.O. Box Number is Not Accep	otable)			
MAR	CO ISLAND FL 3	3937										· · · · · · · · · · · · · · · · · · ·
						83						
							A:-			85	Zip Co	ode
11. Pursuant office or nagent. La	to the provisions of egistered agent, or ni familiar with, and	Sections 607 both, in the St accept the ot	0502 and 607.1 tate of Florida bligations of, Se	1508, Florida Sta Such change wa ection 607.0505,	itutes, the as as authorize Florida Sta	1 1	City named corp he corporat	poration submits this statement for the tion's board of directors. I hereby ac	ne purpose o cept the app		ing its nt as re	registered gistered
SIGNATURE	to the provisions of egistered agent, or m familiar with, and Signature (paed or period	name of registeres		přícatile (l		above-red by thatules.	named corp he corporal	poration submits this statement for the tion's board of directors. I hereby accepted when reinstating. ADDITIONS/CHANGES TO OF	ne purpose o cept the app	of changi pointmer		····
SIGNATURE	Signature, typed or ported	OFFICERS	d agent and tile if app	přícatile (l	NOTE: Registere	above-red by thatules.	named corp he corporal	red when reinstaling)	ne purpose o cept the app	of changi pointmer	TORS	····
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

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Apr 14 1997 8:00am

Secretary of State

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