

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **558041** (0)
1. Corporation Name
NORTH FORT MYERS UTILITY, INC.



Principal Place of Business: **6605 S.W. 109 STREET MIAMI FL 33156**
Mailing Address: **6605 S.W. 109 STREET MIAMI FL 33156**

3. Date Incorporated or Qualified 01/24/1978	3a. Date of Last Report 02/28/1995
4. FET Number 59-1837142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent
**CUTLER, A. BUDD
12940 S.W. 73 AVENUE
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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. I am familiar with, and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME SCHENKMAN, JACK		1.2 NAME	
3. STREET ADDRESS 6605 S.W. 109 ST.		1.3 STREET ADDRESS	
4. CITY, ST, ZIP MIAMI FL		1.4 CITY, ST, ZIP	
5. TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME SCHENKMAN, MARIAM		2.2 NAME	
7. STREET ADDRESS 6605 S.W. 109 STREET		2.3 STREET ADDRESS	
8. CITY, ST, ZIP MIAMI FL		2.4 CITY, ST, ZIP	
9. TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME CUTLER, A. BUDD		3.2 NAME	
11. STREET ADDRESS 12940 S.W. 73 AVENUE		3.3 STREET ADDRESS	
12. CITY, ST, ZIP MIAMI FL		3.4 CITY, ST, ZIP	
13. TITLE DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME SCHENKMAN, MICHAEL		4.2 NAME	
15. STREET ADDRESS 6605 SW 109 ST		4.3 STREET ADDRESS	
16. CITY, ST, ZIP MIAMI FL		4.4 CITY, ST, ZIP	
17. TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME SCHENKMAN, JOEL		5.2 NAME	
19. STREET ADDRESS 6605 S.W. 109 ST.		5.3 STREET ADDRESS	
20. CITY, ST, ZIP MIAMI FL		5.4 CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an addressee.

SIGNATURE: *Jack Schenkman*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 941-543-4000
DATE DAYTIME PHONE

CR2E034 (12/95)