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Secretary of State
04-13-1999 90110 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568663

1. Corporation Name
SOUTHWEST FLORIDA CAPITAL CORPORATION

Principal Place of Business	Mailing Address
19091 TAMIAMI TRAIL S.E. FT. MYERS FL 33908	19091 TAMIAMI TRAIL S.E. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. *Date Incorporated or Qualifed*: 04/14/1978

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-1812142 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMAN, ALAN C.
13716 BRYNWOOD LANE S.E.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: FREEMAN, ALAN C..
82 Street Address (P.O. Box Number is Not Acceptable): 19398 DEVONWOOD CIRCLE
83
84 City: FORT MYERS **FL** 85 Zip Code: 33912

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FREEMAN, ALAN C		1.2 NAME	FREEMAN, ALAN C	
STREET ADDRESS	13716 BRYNWOOD LN.		1.3 STREET ADDRESS	19398 DEVONWOOD CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 00000 33912		1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, PAUL H		2.2 NAME		
STREET ADDRESS	1840 W 49TH ST, SUITE 700		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 33012		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, NEIL D		3.2 NAME		
STREET ADDRESS	220 W HURON ST, SUITE 500 W		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ENNEN, WILLIAM C		4.2 NAME		
STREET ADDRESS	15870 OLD WEDGEWOOD CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. *I 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 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ APRIL 1, 1999 (941)267-3999

CR2E034 (11/98)