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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 684628 (1)

1. Corporation Name
FORT CONTRACTING, INC.



Principal Place of Business
**C/O STEPHEN E. FORT
 2107 RIVER RIDGE BLVD.
 FORT MYERS FL 33905**

Mailing Address
**C/O STEPHEN E. FORT
 2107 RIVER RIDGE BLVD.
 FORT MYERS FL 33905-1700**

3. Date Incorporated or Qualified **08/18/1980** 3a. Date of Last Report **07/02/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6225 DEER RUN SW		26 6225 DEER RUN SW		59-2022838		Not Applicable	
22 Suite Apt. #, etc.		27 Suite Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 FORT MYERS FL		28 FORT MYERS FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33908 25 LEE		29 33908 30 LEE		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FORT, STEPHEN E. 2107 RIVER RIDGE BLVD. FORT MYERS FL 33905				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, STEPHEN E.	1.2 NAME	
STREET ADDRESS	2107 RIVER RIDGE BLVD	1.3 STREET ADDRESS	6225 DEER RUN SW
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	33908
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, GLORIA D.	2.2 NAME	
STREET ADDRESS	2107 RIVER RIDGE BLVD	2.3 STREET ADDRESS	6225 DEER RUN SW
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	33908
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, STEPHEN E., JR. AS IS	3.2 NAME	
STREET ADDRESS	2107 RIVER RIDGE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: **[Signature]** **STEPHEN E. FORT PRES.** 2-497 (941) 674-6737
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)