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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N48083** **(2)**

1. Corporation Name

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2121 W. FIRST ST. 4 FT MYERS FL 33901 US	PO BOX 1255 FT MYERS FL 33902

3. Date Incorporated or Qualified: 03/27/1992

4. FEI Number: 65-0321309 — Applied For / Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3210 Dr. Martin Luther King, Jr. Blvd.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Myers, FL	28 City & State
24 Zip: 33916 25 Country: U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

EBELINI, MARK A ESQ
HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., STE. 301
FT MYERS FL 33901

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOETHIE, LARRY 2837 LINCOLN BLVD FT MYERS FL 33916	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D,C Mark A. Ebelini c/o Humphrey & Knott, P.A. 1625 Hendry St. Ft Myers FL 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUHAMMAD, ABDUL'HAQ 2253 CENTRAL AVE. FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P.O. 1255 N/A Fort Myers, FL 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, RON P.O. BOX 661 (ST. ADDRESS NA) LEHIGH ACRES FL 33970	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	4641-15 Lakeside Club, Blvd. Fort Muers, FL 33905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBLE, LODOVIC 2234 STELLA ST. FT. MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, PERDE 2732 MICHIGAN AVE FORT MYERS FL 33916	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTS, LEE P.O. BOX 2662 N/A FT MYERS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark A. Ebelini SIGNATURE REQUIRED Mark A. Ebelini, Chairman 1/20/98 (941) 334-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR. Date Daytime Phone #