
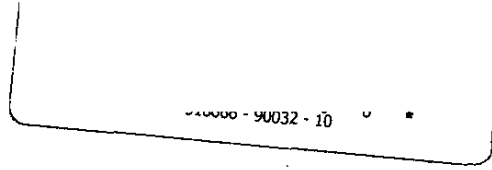


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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90116 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000002737 1. Corporation Name SOUTHWEST FLORIDA ROMANCE WRITERS, INC.		
Principal Place of Business	Mailing Address	
MEYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US	MYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
		06/18/1993
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
		74-2641648
23. City & State	28. City & State	5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'KEY, DIANE 5330 SW 11TH CT CAPE CORAL FL 33914	81. Name KRISTINE HUGHES 82. Street Address (P.O. Box Number is Not Acceptable) 1101 ROSEMARY CT. A105 83. 84. City NAPLES FL 85. Zip Code 34103

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: *Kristine Hughes* KRISTINE HUGHES 4-6-99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD O'KEY, DIANE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEY, DIANE	1.2 NAME	KRISTINE HUGHES
STREET ADDRESS	5330 SW 11TH CT	1.3 STREET ADDRESS	1101 Rosemary Ct. A105
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Naples FL 34103
TITLE	VD BARR, SUZANNE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, SUZANNE	2.2 NAME	TINA WAINSCOTT
STREET ADDRESS	1225 SW 4TH PL	2.3 STREET ADDRESS	5881 28th Avenue SW
CITY-ST-ZIP	CAPE CORAL FL 33991	2.4 CITY-ST-ZIP	Naples FL 34116
TITLE	TD MEYERS, BARBARA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, BARBARA	3.2 NAME	
STREET ADDRESS	5381 SYCAMORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SD WOODRING, JUNE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRING, JUNE	4.2 NAME	MARTHA AMBROSE
STREET ADDRESS	5223 SAVOY CT	4.3 STREET ADDRESS	12780 Aubrey Lane
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Cokeelia FL 33922
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 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, with all other like empowered.

SIGNATURE: *Kristine Hughes* **REQUIRED** 3-17-99 941-352-6944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KRISTINE HUGHES

CR2E037 (1/198)