
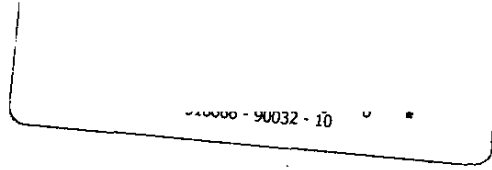


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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002737
 1. Corporation Name
SOUTHWEST FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business MEYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US	Mailing Address MYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/18/1993
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 74-2641648
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. 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 O'KEY, DIANE 5330 SW 11TH CT CAPE CORAL FL 33914	10. Name and Address of New Registered Agent 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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	O'KEY, DIANE 5330 SW 11TH CT CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	
TITLE VD	BARR, SUZANNE 1225 SW 4TH PL CAPE CORAL FL 33991	<input checked="" type="checkbox"/> DELETE	
TITLE TD	MEYERS, BARBARA 5381 SYCAMORE DR NAPLES FL	<input type="checkbox"/> DELETE	
TITLE SD	WOODRING, JUNE 5223 SAVOY CT CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	
TITLE 1.1		<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT PD
TITLE 1.2		<input type="checkbox"/> DELETE	1.2 NAME KRISTINE HUGHES
TITLE 1.3		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 1101 ROSEMARY CT. A105
TITLE 1.4		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP NAPLES FL 34103
TITLE 2.1		<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT VD
TITLE 2.2		<input type="checkbox"/> DELETE	2.2 NAME TINA WAINSCOTT
TITLE 2.3		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 5881 28th Avenue SW
TITLE 2.4		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Naples FL 34116
TITLE 3.1		<input type="checkbox"/> DELETE	3.1 TITLE
TITLE 3.2		<input type="checkbox"/> DELETE	3.2 NAME
TITLE 3.3		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE 3.4		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE 4.1		<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY SD
TITLE 4.2		<input type="checkbox"/> DELETE	4.2 NAME MARTHA AMBROSE
TITLE 4.3		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 12780 Aubrey Lane
TITLE 4.4		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Cokeelia FL 33922
TITLE 5.1		<input type="checkbox"/> DELETE	5.1 TITLE
TITLE 5.2		<input type="checkbox"/> DELETE	5.2 NAME
TITLE 5.3		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE 5.4		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE 6.1		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE 6.2		<input type="checkbox"/> DELETE	6.2 NAME
TITLE 6.3		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE 6.4		<input type="checkbox"/> DELETE	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* KRISTINE HUGHES
 DATE: 3-17-99
 DAYTIME PHONE: 941-352-6944

CR2E037 (1/1981)