


FILE NOW: FILING FEE IS \$61.25

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Apr 12, 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 # N95000005440

1. Corporation Name
THE FORT MYERS FENCING CLUB, CORPORATION

Principal Place of Business 4210 FOWLER ST. UNIT 9 & 10 FT MYERS FL 33901	Mailing Address 4210 FOWLER ST. UNIT 9 & 10 FT MYERS FL 33901
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/14/1995 4. FEI Number 65-0647917 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent PRETTYMAN, MICHELLE 12960 EQUESTRIAN CIR. #240T FT MYERS FL 33907	10. Name and Address of New Registered Agent 81 Name <i>Michelle Prettyman</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>9143 Caloosa Rd</i> 83 84 City <i>Ft Myers</i> FL 85 Zip Code <i>33907</i>
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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 *[Signature]* DATE *4/4/99*

(NOTE: Registered Agent signature required when reinstating)

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	PRETTYMAN, MICHELLE	1.2 NAME	
STREET ADDRESS	12690 EQUESTRIAN CIR. #240T	1.3 STREET ADDRESS	<i>9143 Caloosa Rd</i>
CITY-ST-ZIP	FT. MYERS FL 33907	1.4 CITY-ST-ZIP	<i>Ft Myers FL 33912</i>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, MARGARET	2.2 NAME	<i>VD LYUNNE M. FIGUEROA</i>
STREET ADDRESS	5137 DEL PRADO BLVD	2.3 STREET ADDRESS	<i>1617 SW 28 TERR.</i>
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	<i>CAPE CORAL, FL 33914</i>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES	3.2 NAME	
STREET ADDRESS	4165 E. RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUNG, STEPHEN	4.2 NAME	
STREET ADDRESS	1425 ALCAZAR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	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 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: *STEPHEN LEUNG* DATE: *4/4/99* DAYTIME PHONE #: *(941) 332-2617*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037-141/99