

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067392 (7)**

1. Corporation Name
THE BASKET CASE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business: **12381 CLEVELAND AVE. SUITE 204 FT MYERS FL 33907**
Mailing Address: **12381 CLEVELAND AVE. SUITE 204 FT MYERS FL 33907**

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; 30

3. Date of Incorporation or Qualified: **08/29/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0608736** Applies 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JEFFERY, ROGER
12381 CLEVELAND AVE, SUITE 204
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.060 and 607.150, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.060, Florida Statutes.

SIGNATURE

Signature of person controlling or managing the corporation

Signature of new registered agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFERY, LUCILLE	
STREET ADDRESS	15793 SAN ANTONIO CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGAHEY, CAROLYN G	
STREET ADDRESS	1031 BAYSHORE AVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGAHEY, DAN R	
STREET ADDRESS	1031 BAYSHORE AVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFERY, ROGER	
STREET ADDRESS	12381 CLEVELAND AVE, SUITE 204	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	CAROLYN G. MCGAHEY
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not comply for the exemption stated in Section 119.071(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and I am certifying that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, the business or trust, registered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached list of names and addresses.

SIGNATURE: *Carolyn G. McGahey* **CAROLYN G. MCGAHEY** 4/9/96 (941) 481-1354

CR2E034 (12/95)