

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86789** (2)

1. Corporation Name
NDC REALTY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1520 ROYAL PALM SQ BLVD.
360
FT MYERS FL 33919
US**

Mailing Address
**1520 ROYAL PALM SQ BLVD
360
FT MYERS FL 33919
US**

3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 01/31/1995
4. FEI Number 59-3089281	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. State Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**MILLER, ERIC C.
1520-360 ROYAL PALM SQ BLVD.
FT MYERS FL 33919**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY-STATE-ZIP		3. STREET ADDRESS	
TITLE		4. CITY-STATE-ZIP	
NAME	DELETE	5. TITLE	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY-STATE-ZIP		7. STREET ADDRESS	
TITLE		8. CITY-STATE-ZIP	
NAME	DELETE	9. TITLE	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY-STATE-ZIP		11. STREET ADDRESS	
TITLE		12. CITY-STATE-ZIP	
NAME	DELETE	13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY-STATE-ZIP		15. STREET ADDRESS	
TITLE		16. CITY-STATE-ZIP	

14. I, Eric C. Miller, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric C. Miller

Eric C. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

941-275-8029

CR2E034 (12/95)