FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CHTY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022826 (7) 1. Corporation Name

SYGNUS GROUP OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address						- Lindbigde ith spirit blatt takk bank datin a	i Billa isikisi irikal	fålla itata	Dett 1004	
	MEXICO DRIVE		6101 GULF OF MEXICO DRIVE							
LONGBOAT KE	Y FL 34228	LONGBOAT KEY FL 3422	8-1509			1				
						3. Date Incorporated or Qualified 03/13/1996	3a. Date	of Last R	eport	
2. Principal	Place of Business	2a, Mailing Address				4. FEI Number	<u></u>	Ap	plied For	
21		26				65-0650055	65-0650055 Not Applicable			
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	ite	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	NAME -			
24	25	29	30	·			Yes 🔲 t		(00,002,	
	9. Name and Address of Curre		11	T		10. Name and Address of New Re	latered Age	ent		
NAJMY, JOSEPH L				81 Name				*************	771811414	
1209	5 MANTTEE AVENUE WEST		82 Street Add			ress (P.O. Box Number is Not Acceptab	e)			
BRA	IDENTON FL 34205			83						
				84	City	·	Т.	7in (Code	
				.1.1	-		- -	<u> </u>		
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblic	e of Florida Such change wa:	s authoriz-	ed by	the corporat	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of ch t the appoint	anging it tment as	s registered registered	
SIGNATURE	Signature, typod or printed name of registerep ag	pent and title if applicable. (N	OTE: Register	ecA be	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12	
TITLE	DELETE DELETE		1.1	1.1 TITLE				Change	Addition	
NAME	SWAN, HARRY C		1.2	NAME						
STREET ADDRESS	8101 GULF OF MEXICO DR.		1.3	STREET	ADDRESS					
CITY-S1-ZIP	LONGBOAT KEY FL 34228		1.4	CITY-S	T-ZIP					
TITLE	D DELETE		2.1	2.1 TITLE				Change	Addition	
NAME	SWAN, DONNA J		2.2	2.2 NAME						
STREET ADDRESS	6101 GULF OF MEXICO DR.		2.3 STREET ADDRESS		ADDRESS	:			,	
CITY-ST-ZIF	LONGBOAT KEY FL 34228			CITY - S	ST-ZIP					
TITLE	DELETE		3.1	3.1 TITLE				Change	Addition	
NAME			3.2	NAME						
STREET ADDRESS	: 1		3.3	STREET	ADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP					
TITLE			4.1 TITLE				Change	Addition		
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY-S						
TITLE		DELETE		TITLE	·			Change	Addition	
NAME		_		NAME				-		
STREET ADUPESS					ADDRESS					
			- 1							
CITY-ST-ZIP TITLE		DELETE		CITY+ S Title	1-LIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
1	.	□ bttric						numily o	ווטטונטטו 🖵	
NAME				NAME						
STREET ADDRESS	1		6.3	STREET	ADDRESS					

6.4 CITY - ST - ZIP

14. I do 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 agricular 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 reporter of 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 attackment with an address.