FEI NUMBER: APPLIED FOR			Certificate of Status Des	ired: No
Name and Address of Current Registered Agent:				
WICKER, JOHN 12670 NEW BR SUITE 11 FORT MYERS,	ITTANY BLVD			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE: JOHN M. WICKER				02/13/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	Р	
Name	MIKLUHA, KARIN D	Name	MIKLUHA, KARI R	
Address	3601 SE 18TH AVE	Address	3601 SE 18TH AVE	
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904	

3601 SE 18TH AVE CAPE CORAL, FL 33904

**Current Mailing Address:** 

3601 SE 18TH AVE CAPE CORAL, FL 33904

DOCUMENT# P16000002977

Entity Name: ALMAX OF SWFL, CORP.

**Current Principal Place of Business:** 

## FEI Number: APPI IED FOR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKLUHA, KARI R

PRESIDENT

02/13/2017

Electronic Signature of Signing Officer/Director Detail

FILED Feb 13, 2017 **Secretary of State** CC5855308618

Cartificate of Status Desired, No.

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date