

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

FILED

Apr 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **666739** (8)
1. Corporation Name
MARKHAM NORTON STROEMER & COMPANY, P.A.



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|---|--|
| Principal Place of Business 1003 DEL PRADO BLVD THE TOWERS, SUITE 300 CAPE CORAL FL 33990 | Mailing Address 1003 DEL PRADO BLVD THE TOWERS, SUITE 300 CAPE CORAL FL 33990-3601 |
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|--|--|---|--|--|--|---|--|
| 2. Principal Place of Business 21 6361 Presidential Ct. Suite, Apt. #, etc. 22 Suite A City & State 23 Fort Myers FL Zip 24 33919 | | 2a. Mailing Address 26 6361 Presidential Ct. Suite, Apt. #, etc. 27 Suite A City & State 28 Fort Myers FL Zip 29 33919 | | 3. Date Incorporated or Qualified 05/01/1980 | | 3a. Date of Last Report 02/09/1996 | |
| 4. FEI Number 59-1988602 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MARKHAM, GAIL L. 1003 DEL PRADO BLVD. THE TOWERS, SUITE 300 CAPE CORAL FL 33990 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6361 Presidential Court 83 Suite A 84 City Fort Myers FL 85 Zip Code 33919 | | | |
|---|--|--|--|--|--|--|--|

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|---------------------------------|--|---|--|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARKHAM, L GAIL | | | 1.2 NAME | | | |
| STREET ADDRESS | 1003 DEL PRADO BLVD. | | | 1.3 STREET ADDRESS | 6361 Presiden Hal Court Suite A | | |
| CITY-ST-ZIP | CAPE CORAL, FL 00000 | | | 1.4 CITY-ST-ZIP | Fort Myers FL 33919 | | |
| TITLE | ST | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NORTON, JONI L. | | | 2.2 NAME | | | |
| STREET ADDRESS | 1003 DEL PRADO BLVD. | | | 2.3 STREET ADDRESS | 6361 Presidential Court Suite A | | |
| CITY-ST-ZIP | CAPE CORAL FL | | | 2.4 CITY-ST-ZIP | Fort Myers FL 33919 | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | STROEMER, JOHN H | | | 3.2 NAME | | | |
| STREET ADDRESS | 1003 DEL PRADO BLVD | | | 3.3 STREET ADDRESS | 6361 Presidential Court Suite A | | |
| CITY-ST-ZIP | CAPE CORAL FL | | | 3.4 CITY-ST-ZIP | Fort Myers FL 33919 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0404479

CR2E034 (9/96)