FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725289 (3)

1. Corporation Name
SOUTHWEST FLORIDA MARINE TRADE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 458 CAPE CORAL FL 33910	P.O BOX 458 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1520450 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BARBARA E. MEYER
5301 MAJESTIC COURT
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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		
TITLE	P	1 1 TITLE		[ ] Change [ ] Addition
NAME	STEAD, KEN	1 2 NAME		
STREET ADDRESS	1687 INLET DRIVE	1 3 STREET ADDRESS		
CITY ST ZIP	N FORT MYERS FL	1 4 CITY ST ZIP		
TITLE	V	2 1 TITLE		[ ] Change [ ] Addition
NAME	ILER, MIKE	2 2 NAME		
STREET ADDRESS	16115 SAN CARLOS BLVD.	2 3 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	2 4 CITY ST ZIP		
TITLE	ST	3 1 TITLE		[ ] Change [ ] Addition
NAME	MEYER, BARBARA E.	3 2 NAME		
STREET ADDRESS	5301 MAJESTIC COURT	3 3 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	3 4 CITY ST ZIP		
TITLE	D	4 1 TITLE	D	[X] Change [ ] Addition
NAME	GUTHRIE, RALPH	4 2 NAME	Gil Gibbs	
STREET ADDRESS	703 FISHERMANS WHARF	4 3 STREET ADDRESS	928 ~~NE~~ 24th Lane	
CITY ST ZIP	FT. MYERS BEACH FL	4 4 CITY ST ZIP	Cape Coral, FL 33909	
TITLE	D	5 1 TITLE	D	[X] Change [ ] Addition
NAME	HINKLE, RICK	5 2 NAME	Rob Cooley	
STREET ADDRESS	14070 MCGREGOR BLVD.	5 3 STREET ADDRESS	14070 McGregor Blvd	
CITY ST ZIP	FT. MYERS FL	5 4 CITY ST ZIP	Ft. Myers, FL 33919	
TITLE	D	6 1 TITLE		[ ] Change [ ] Addition
NAME	TRONNES, JIM	6 2 NAME		
STREET ADDRESS	6360 WHISKEY CREED DR SW	6 3 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	6 4 CITY ST ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara E. Meyer — BARBARA E. MEYER 4/26/95 813-540-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016200