

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725289** (3)  
1. Corporation Name  
**SOUTHWEST FLORIDA MARINE TRADE ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 458 CAPE CORAL FL 33910</b>	Mailing Address <b>P.O. BOX 458 CAPE CORAL FL 33910-0458</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/16/1973</b>	3a. Date of Last Report <b>03/20/1996</b>
21		26		4. FEI Number <b>59-1520450</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BARBARA E. MEYER 5301 MAJESTIC COURT CAPE CORAL FL 33904</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOLEY, ROB			1.2 NAME			
STREET ADDRESS	4765 ESTERO BLVD			1.3 STREET ADDRESS	7225 ESTERO BLVD		
CITY - ST - ZIP	FT MYERS BEACH FL			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARISEAU, JESSE			2.2 NAME			
STREET ADDRESS	9853 N TAMiami TRAIL 207			2.3 STREET ADDRESS	1048 B Pine Ridge Rd		
CITY - ST - ZIP	NAPLES FL			2.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBBS, GIL			4.2 NAME			
STREET ADDRESS	928 NE 24TH LANE			4.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, W D			5.2 NAME			
STREET ADDRESS	1506 SE 48TH ST			5.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRONNES, JIM			6.2 NAME			
STREET ADDRESS	113 HANCOCK BRIDGE PKWY W			6.3 STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL			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 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* 3-19-97 941-540-0526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056452

CR2E037 (9/96)