


FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 Mailing Address  
P.O. BOX 458 P.O. BOX 458  
CAPE CORAL FL 33910 CAPE CORAL FL 33910

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

3. Date Incorporated or Qualified	01/16/1973
4. FEI Number	59-1520450
Applied For	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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	COOLEY, ROB
STREET ADDRESS	7225 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BEACH FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PARISEAU, JESSE
STREET ADDRESS	1048 B PINE RIDGE RD
CITY-ST-ZIP	NAPLES FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MEYER, BARBARA E.
STREET ADDRESS	5301 MAJESTIC COURT
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GIBBS, GIL
STREET ADDRESS	928 NE 24TH LANE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, W D
STREET ADDRESS	1506 SE 48TH ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TRONNES, JIM
STREET ADDRESS	113 HANCOCK BRIDGE PKWY W
CITY-ST-ZIP	CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARISEAU, JESSE
1.3 STREET ADDRESS	1048 B PINE RIDGE RD
1.4 CITY-ST-ZIP	NAPLES, FL 33940
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RILEY, PAT
2.3 STREET ADDRESS	2052 VIRGINIA AVE
2.4 CITY-ST-ZIP	FORT MYERS, FL 33901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COOLEY, ROB
6.3 STREET ADDRESS	13601 MAGREGOR BLVD #16
6.4 CITY-ST-ZIP	FT. MYERS, FL 33919

14. I 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 Barbara E. MEYER 4-29-98 941-546-0526

CR2E037 (10/97)