

FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90273 013 \*\*\*\*61.25

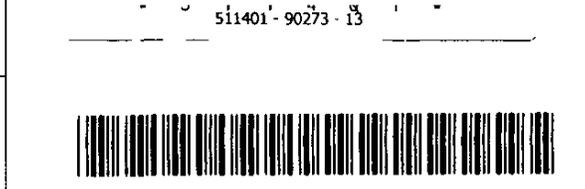
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725289**

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

Principal Place of Business P.O. BOX 458 CAPE CORAL FL 33910	Mailing Address P.O. BOX 458 CAPE CORAL FL 33910
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/16/1973</b>
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-1520450</b>
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BARBARA E. MEYER</b> <b>5301 MAJESTIC COURT</b> <b>CAPE CORAL FL 33904</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>PARISEAU, JESSE</b>	1.2 NAME	
STREET ADDRESS	<b>1048 PINE RIDGE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b> <b>RILEY, PAT</b>	2.2 NAME	
STREET ADDRESS	<b>2052 VIRGINIA AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST</b> <b>MEYER, BARBARA E.</b>	3.2 NAME	
STREET ADDRESS	<b>5301 MAJESTIC COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>GIBBS, GIL</b>	4.2 NAME	
STREET ADDRESS	<b>928 NE 24TH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>MILLER, W D</b>	5.2 NAME	
STREET ADDRESS	<b>1506 SE 46TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>COOLEY, ROB</b>	6.2 NAME	
STREET ADDRESS	<b>13601 MCGREGOR BLVD, #16</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Barbara E. Meyer* **REGISTERED** **4-30-99** **941-540-0526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)