


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90140 029 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755573**

1. Corporation Name  
**SOUTH GULF COAST CHAPTER OF CAI, INC.**

Principal Place of Business 2709 SWAMP CABBAGE CT #08 FT MYERS FL 33901 US	Mailing Address P.O. BOX 61447 FORT MYERS FL 33906-1447 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/16/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2124780
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  COOKE, SHERRYL 2709 SWAMP CABBAGE CT #8 FORT MYERS FL 33901	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
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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 Sherryl Cooke Sherryl Cooke April 8, 1999  
Signatures, typed or printed name of registered agent and the 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME POLLOCK, JOHN CIC		1.2 NAME	Gregory R Frith
STREET ADDRESS 13515 BELL TOWER DRIVE		1.3 STREET ADDRESS	11803 metro Pkwy.
CITY-ST-ZIP FORT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEBOEST, H P		2.2 NAME	Lael Kilpatrick
STREET ADDRESS 2222 SECOND ST		2.3 STREET ADDRESS	2341 W Gulf Dr.
CITY-ST-ZIP FT MYERS FL 33901		2.4 CITY-ST-ZIP	Sarkeel, FL 33957
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAMPSON, LORI		3.2 NAME	
STREET ADDRESS 12671 WHITTEHALL DR		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERT SAMOUCÉ ESQ		4.2 NAME	
STREET ADDRESS 2375 TAMiami TrL N STE 308		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE S.T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STROEMER, JOHN H CPA		5.2 NAME	
STREET ADDRESS 8961 CONFERENCE CT		5.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		5.4 CITY-ST-ZIP	
TITLE R D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES E SCHNEIDER		6.2 NAME	
STREET ADDRESS 1965, 7TH LAKES BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		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: ROBERT SAMOUCÉ 6/8/99 (74) 262-1137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Robert Samouce, Esq  
 President*

CR2E037- (1/1/98)