

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 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 # 759675 (2)**  
1. Corporation Name  
**ADVERTISING FEDERATION OF SOUTHWEST FLORIDA, INC**



Principal Place of Business <b>P O BOX 38 FT MYERS FL 33902</b>	Mailing Address <b>P O BOX 38 FT MYERS FL 33902-0038</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1981</b>	3a. Date of Last Report <b>02/21/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
33		34		35	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>STILES, CHARLES B 12539 BARRINGTON CT. SW FT MYERS FL 33908</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FIRESTONE, GARY</b>	1.2 NAME	<b>Mike Brennand</b>
STREET ADDRESS	<b>31 BARKLEY CIRCLE, STE. 2A</b>	1.3 STREET ADDRESS	<b>5496 Governors Drive</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33907</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STILES, CHARLES B</b>	2.2 NAME	<b>P</b>
STREET ADDRESS	<b>12539 BARRINGTON CT. S.W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSMITH, KERRIE</b>	3.2 NAME	
STREET ADDRESS	<b>12800 UNIVERSITY DR., STE. 660</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAITES, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>6296 CORPORATE COURT, STE. B-202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HURST, LESLIE</b>	5.2 NAME	<b>MARY FUESS</b>
STREET ADDRESS	<b>2442 DR. MARTIN LUTHER KING JR.</b>	5.3 STREET ADDRESS	<b>P.O. Box 3648 N/A, Ft. Myers</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	5.4 CITY-ST-ZIP	<b>Florida 33918</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORT, VANNA</b>	6.2 NAME	
STREET ADDRESS	<b>CHANNEL 30 DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	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 \_\_\_\_\_

CR2E037 (9/96)