

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90028 007 \*\*\*\*61.25

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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 # 759675**

1. Corporation Name  
**ADVERTISING FEDERATION OF SOUTHWEST FLORIDA, INC**

Principal Place of Business P O BOX 38 FT MYERS FL 33902	Mailing Address P O BOX 38 FT MYERS FL 33902
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116728-90028-7 4 \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>08/19/1981</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1794897</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>STILES, CHARLES B 9788 SPYGLASS COURT N FT MYERS FL 33903</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ 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 checked="" type="checkbox"/> Addition
NAME	<b>MIKE BRENNAND</b>	1.2 NAME	
STREET ADDRESS	<b>5496 GOVERNORS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33907</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STILES, CHARLES B</b>	2.2 NAME	
STREET ADDRESS	<b>12539 BARRINGTON CT. S.W.</b>	2.3 STREET ADDRESS	<b>Ft. Myers, FL 33903</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSMITH, KERRIE</b>	3.2 NAME	
STREET ADDRESS	<b>448 CR 951</b>	3.3 STREET ADDRESS	<b>17020 Willowcrest Way</b>
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	3.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33908</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAITES, WILLIAM</b>	4.2 NAME	<b>V/D Stephen Gray</b>
STREET ADDRESS	<b>6296 CORPORATE COURT, STE. B-202</b>	4.3 STREET ADDRESS	<b>400 5th Ave. So., Suite 202</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	4.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY FUESS</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 3648 N/A</b>	5.3 STREET ADDRESS	<b>N. Ft. Myers, FL 33918</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABERBACH, VICKI</b>	6.2 NAME	<b>V/D Gene Scanlan</b>
STREET ADDRESS	<b>4309 SW 26TH AVE</b>	6.3 STREET ADDRESS	<b>596 3rd Street N.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	6.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>

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 in an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** Mary Fuess  
 President/Director (941) 543-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)