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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F18890 (6)
1. Corporation Name
FLORIDA SOUTHERN INVESTMENT, CORPORATION



Principal Place of Business Mailing Address
2109 CLEVELAND AVE 2109 CLEVELAND AVE
PO BOX 1327 PO BOX 1327
FT MYERS FL 33902 FT MYERS FL 33902-1327

3. Date Incorporated or Qualified 02/10/1981 3a. Date of Last Report 01/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2062136	Applied For Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

KREINBRINK, DANIEL W.
4459 RIVERSIDE DR. SE.
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name Kreinbrink, Daniel W.
82 Street Address (P.O. Box Number is Not Acceptable) 12100 N. River Rd.
83 Alva, FL 33920
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KREINBRINK, DANIEL W	1.2 NAME	Kreinbrink, Daniel W.
STREET ADDRESS	4459 RIVERSIDE DR. SE	1.3 STREET ADDRESS	12100 N. River Rd.
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	Alva, FL 33920
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel W. Kreinbrink
Daniel W. Kreinbrink

DATE

1-7-97 941-337-1669

Daytime Phone #

CR2E034 (9/96)