

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 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 # F35266 (8)

1. Corporation Name  
EXECUTIVE WEALTH MANAGEMENT SERVICES, INC.



Principal Place of Business  
2323 STICKNEY PT RD  
SUITE 780  
SARASOTA FL 34231  
US

Mailing Address  
1800 SECOND STREET  
SUITE 780  
SARASOTA FL 34236-5900  
US

3. Date Incorporated or Qualified  
06/01/1981

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2323 Stickney Pt. Rd	26	59-2087068	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 Ste. 780	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Sarasota FL	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 34231	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELLA PENNA, GUY S  
1800 SECOND STREET  
SUITE 780  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 fee, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA PENNA, GUY S	1.2 NAME	
STREET ADDRESS	141 OGDEN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDOM, ROBERT D	2.2 NAME	
STREET ADDRESS	1562 SOUTH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, FULTON F	3.2 NAME	
STREET ADDRESS	1800 SECOND ST., STE. 780	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, BONNIE S.	4.2 NAME	
STREET ADDRESS	6432 20TH ST. WEST	4.3 STREET ADDRESS	6033 34th St W #94
CITY - ST - ZIP	BRADENTON FL	4.4 CITY - ST - ZIP	Bradenton, FL
TITLE	CO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESSLER, SANDER	5.2 NAME	
STREET ADDRESS	5837 RAVENWOOD DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vice Pres. / General Counsel
STREET ADDRESS		6.3 STREET ADDRESS	DeVore, Rob
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1800 Second St. Ste 780

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 (941) 221-4700

Date

Daytime Phone #

CR2E034 (9/96)