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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F40651 (4)

1. Corporation Name

CONTEMPORARY DESIGNS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

235 N. COLLIER BLVD.  
P O BOX 641  
MARCO ISLAND FL 33969-0641

Mailing Address

235 N. COLLIER BLVD.  
P O BOX 641  
MARCO ISLAND FL 33969-0641

3. Date Incorporated or Qualified  
08/17/1981

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KAREN A. LARSON  
995 N. COLLIER BLVD.  
P.O. BOX 288  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81

Name

William G. Morris

82

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

247 N. Collier Blvd., Suite 202

83

84

City

Marco Island

FL

85

Zip Code

33937

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

William G. Morris

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME MEYER, NATALIE P  
STREET ADDRESS ROYAL MARCO PT VILLA #1  
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE PTD ☐ DELETE

NAME MEYER, JEROME F  
STREET ADDRESS ROYAL MARCO PT VILLA #1  
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE VP ☐ DELETE

NAME LANSOWN, ROY  
STREET ADDRESS 1370 AUBURNDAL AVE  
CITY-ST-ZIP MARCO ISLAND FL

TITLE AS ☐ DELETE

NAME SCHOENROCK, DARLENE  
STREET ADDRESS 111 TAHITI ST  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome F. Meyer, President

4/29/96

DATE

Daytime Phone #

941 3946605

CR2E034 (12/95)