FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **F93000004072 (5)**

1. Corporation Name
RHODES-FORT MYERS/GP, INC.

Principal Place of Business
1990 M STREET NW #650
WASHINGTON DC 20006

Mailing Address
1990 M STREET. NW
SUITE 650
WASHINGTON DC 20036-3404
US

3. Date Incorporated or Qualified: **09/08/1993**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business
21 | Street Address
22 | Suite Apt. # etc
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address
26 | Street Address
27 | Suite Apt. # etc
28 | City & State
29 | Zip | 30 | Country

4. FEI Number: **52-1839523** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORP SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 of said corporation and agree to comply with the provisions of Section 607.0505, 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AMBROSI, ROBERT J		1.2 NAME	
STREET ADDRESS	341 BROAD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07013		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREL, MARC		2.2 NAME	
STREET ADDRESS	341 BROAD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MELROD, JOSEPH K		3.2 NAME	
STREET ADDRESS	1990 M STREET NW #650		3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MELROD, DANIEL		4.2 NAME	
STREET ADDRESS	1990 M STREET NW #650		4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Joseph K. Melrod General Partner 3/10/97 (202)785-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D497413