

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # F95000001911 (5)

1. Corporation Name

FORT MYERS RESOURCES, INC.



Principal Place of Business

1339 BROAD STREET
CLIFTON NJ 07013

Mailing Address

1339 BROAD STREET
CLIFTON NJ 07013

2. Principal Place of Business

21 155 STATE STREET
Suite, Apt. #, etc.

22 City & State

23 HACKENSACK, NEW JERSEY

24 Zip
07601

Country

25 BERGEN

2a. Mailing Address

26 2701 N. ROCKY POINT DRIVE
Suite, Apt. #, etc.

27 Suite 650

28 TAMPA, FLORIDA

29 Zip
33607

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

4/19/95

4. FEI Number

65-0585564

Applied For

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

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type and printed name of registered agent or authorized signatory

Printed Name and Address of New Registered Agent

DATE

3/26/96

12. OFFICERS AND DIRECTORS

TITLE VCTD
NAME ADAMSON, ROBERT J
STREET ADDRESS 2701 NORTH ROCKY POINT DRIVE, STE 650
CITY-ST-ZIP TAMPA FL

TITLE PD
NAME FARRELL, WILLIAM D
STREET ADDRESS 1339 BROAD STREET
CITY-ST-ZIP CLIFTON NJ

TITLE VS
NAME BAFIA, DANIEL
STREET ADDRESS 1201 FIFTH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 this 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

3/26/96

(813) 281-0202

DATE

LEGISLATIVE PHONE #

CR2E034 (12/95)