

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15 1998 8:00am  
Secretary of State

DOCUMENT # F95000001911 (5)

1. Corporation Name

FORT MYERS RESOURCES, INC.

Principal Place of Business

155 STATE STREET  
HACKENSACK NJ 07601  
US

Mailing Address

155 STATE STREET  
SUITE 650  
HACKENSACK NJ 07601  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 C/O FORT MYERS MRI SOUTH  
16780 SAN CARLOS BLVD  
Suite, Apt. #, etc.

22 City & State

23 FORT MYERS, FL

24 Zip 33908

25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

65-0585564

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

SIGNATURE

Signature of person or persons authorized to act as registered agent and file if applicable

(NOTE: Reg. stored Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME MALLEY, J.  
STREET ADDRESS 155 STATE STREET  
CITY-ST-ZIP HACKENSACK NJ

TITLE PD ☒ DELETE

NAME FARRELL, WILLIAM D  
STREET ADDRESS 155 STATE STREET  
CITY-ST-ZIP HACKENSACK NJ

TITLE VS ☒ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 D/P

1.3 STREET ADDRESS GERALD H. ALLEN

1.4 CITY-ST-ZIP 155 STATE ST.

2.1 TITLE HACKENSACK, NJ 07601

2.2 NAME VITIS

2.3 STREET ADDRESS GEOFFREY A. WHYNOT

2.4 CITY-ST-ZIP 155 STATE ST.

3.1 TITLE HACKENSACK, NJ 07601

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 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:

*Sandra B. Mortham*

4/30/98

CR2E034 (10/97)