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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000798 (5)

1. Corporation Name

FORT MYERS INVESTORS, INC.

Principal Place of Business

3745 G.I. MADDOX PKWY
CHATSWORTH GA 30705

Mailing Address

3745 G.I. MADDOX PKWY
CHATSWORTH GA 30705

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/13/1997	APPLIED FOR 58-2286532	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	Yes	\$5.00 May Be Added to Fees
24 Country	29 Country	30	No	

9. Name and Address of Current Registered Agent

SPARKMAN, STEVEN L
777 S. HARBOUR ISLAND BLVD, 4TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCP	1.1 TITLE	VCP
NAME	MAMANE, JACK	1.2 NAME	MAMANE, JACK
STREET ADDRESS	3745 G.I. MADDOX PKWY	1.3 STREET ADDRESS	2743 HWY. 76/G.I. MADDOX PKWY.
CITY-ST-ZIP	CHATSWORTH GA 30705	1.4 CITY-ST-ZIP	CHATSWORTH, GA. 30705
TITLE	CST	2.1 TITLE	CST
NAME	BAILEY, TIMOTHY A	2.2 NAME	BAILEY, TIMOTHY A.
STREET ADDRESS	3745 G.I. MADDOX PKWY	2.3 STREET ADDRESS	2743 HWY. 76/G.I. MADDOX PKWY.
CITY-ST-ZIP	CHATSWORTH GA 30705	2.4 CITY-ST-ZIP	CHATSWORTH, GA. 30705
TITLE	ASD	3.1 TITLE	ASD
NAME	HINE, EDWARD JR	3.2 NAME	HINE, EDWARD JR.
STREET ADDRESS	PO BOX 5511 (N/A)	3.3 STREET ADDRESS	P. O. BOX 5511 (N/A)
CITY-ST-ZIP	ROME GA 30162-5511	3.4 CITY-ST-ZIP	ROME, GA. 30162-5511
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Timothy A. Bailey 4/28/98 706-695-1060

CR2E034 (10/97)