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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G19311

(1)

1. Corporation Name

FOREVERGREEN OF SANIBEL, INC.
DBA FOREVER MORE

Principal Place of Business

2025 PERIWINKLE WAY
P. O. BOX 1460
SANIBEL FL 33957

Mailing Address

2025 PERIWINKLE WAY
P. O. BOX 1460
SANIBEL FL 33957-1460



2. Principal Place of Business

21 2055 PERIWINKLE WAY

2a. Mailing Address

Suite, Apt. #, etc.

22 SUITE #2

City & State

23 SANIBEL, FL

Zip

24 33957

Country

25 LEE

Zip

29

Country

30

3. Date Incorporated or Qualified

01/19/1983

3a. Date of Last Report

06/12/1996

4. FEI Number

59-2246409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

CIMATO, JOHN A.
6042 BIRNAM WOOD LANE
FT. MYERS FL 33908

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
CIMATO, JOSEPH V.
STREET ADDRESS
3821 KNOLLWOOD RD
CITY-ST-ZIP
FT. MYERS FL

TITLE

D
NAME
CIMATO, JOHN A.
STREET ADDRESS
6042 BIRNAM WOOD LANE
CITY-ST-ZIP
FT. MYERS, FL 00000

TITLE

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

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 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:

JOHN A. CIMATO 4-28-97 422-5254

CR2E034 (9/96)