## 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

DOCUMENT # G19311

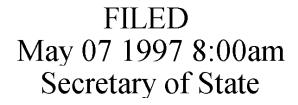
FOREVERGREEN OF SANIBEL, INC. DBA FOREVER MORE (1)

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g Address	ı	1

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

Principal Place of Business

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





SANIBEL FL 339		P. O. BOX 1460 SANIBEL FL 33957-1460							
	_					3. Date Incorporated or Qualified 01/19/1983		e of Last 2/1996	
21 205	lace of Business S PERIWINKLE W	2a. Mailing Address				4. FEI Number 59-2246409			Applied For Not Applicable
Suite, Apt.	#, etc. TE #2	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	SIBEL, FL	City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip 24 3395	Country 25 LEE		30	ritry			Yes 🗆	No	r s. 199.032.
	9. Name and Address of Current	Registered Agent		100		10. Name and Address of New Reg	istered A	gent	
	ITO, JOHN A.			81 1	Name				
	BIRNAM WOOD LANE			82 5	Street Addi	ess (P.O. Box Number is Not Acceptable	e)		
FI. N	AYERS FL 33908			83					
				33			_		
				84	City	•	FI	<b>85</b> Zi	p Code
office or r agent. I a	to the provisions of Sections 607 0502 egistered agent, or both, in the State or im familiar with, and accept the obligation	rand 607,1508, Florida Statute of Florida. Such change was a tions of, Section 607,0505, Flo	es, the at authorized oricla Stat	oove-n d by th otes.	amed corp e corporat	oration submits this statement for the pr ion's board of directors. I hereby accep	irpose of o the appo	changing intment	g its registered as registered
	Signature, typed or printed name of registereo agen			d Agent s	gradure tegun	ed when reinstating)	HAG		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECT Chang	
NAME	CIMATO, JOSEPH V.	C) bittit	1 1 ]     1.2 N/				·		E
STREET ADDRESS	3621 KNOLLWODD RD			imir REELADI	norce				
CITY-ST-ZIP	FT. MYERS FL			TY-ST-2					
TITLE	D	DELETE	2 1 10		"			Chang	e Addition
NAME	CIMATO, JOHN A.		2 ? NA	\ME					
STREET ADDRESS	6042 BIRNAM WOOD LANE		2381	REET ADI	DRESS				
CITY-ST-ZIP	FT. MYERS, FL 00000		2 4 C	(1Y S1-2	2(P				
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NAME			3 2 NA	AME	-				
STREET ADDRESS			3 3 S1	REET ADI	DRESS				
CITY-ST-ZIP	<del></del>	T I I I I I		IY-SI-	71P			76	
TITLE		☐ DELETE	41 111				L	Chang	e Addition
NAME STREET ADDRESS			4.2 N	ame Iree) adi	paree				
CITY-ST-ZIP					i i				
TITLE		DELETE	5.1 TJ	1Y - S1 - Z	11/		Т	Change	e Add tion
NAME			5.2 NA						
STREET ADDRESS				REE1 ADI	DRESS				
CITY-ST-ZIP				1Y-S1-Z					
TITLE		DELETE	6.1 11				[	Chang	e Addition
NAME			6.2 NA	<b>XME</b>					
STREET ADDRESS			6.3 \$1	REET AD	ORESS				
CITY-ST-ZIP			6.4 CI	1Y - \$1 - <i>Z</i>	(P				
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I. 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: