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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name VETERAN REAL ESTATE OF FORT MYERS INC.

Principal Place of Business Maining Address							I INDINA DIEJ NISOL GLEGA INDI NIO		1 DIOIL OIDII OFO	II
1423 SE 16 PLACE SUITE 203 CAPE CORAL FL 33990			1423 SE 16 PLACE SUITE 203 CAPE CORAL FL 33990					Ta		
							3. Date Incorporated or Qualified 05/20/1986	3a. [ate of Last F 04/18/1 9	
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number		LI	Applied For
21		26					59-2681729			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution			May Be ed to Fees	
Zip Country 25 25			Ζφ	Gountry 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ↑ Yes No			
	9. Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New I	Register	ed Agent	
0011110	IEC DIVI ID				81	Name				
SCHLICHTE, RAY A. JR. 2134 HOLLYWOOD BLVD.						Street Add	ress (P.Ö. Box Number is Not Accepta	ble)		
	VOOD FL 33020				83					
1100011	1005 12 00020				_				las I	in Code
					84	Gity		F	:L 85 Z	ip Code
familiar wit SIGNATURE	ed agent, or both, in the State of his h, and accept the obligations of Sec	tion 637	.0505 Flooda Statulés	5.			ra of directors. Thereby accept the app	CHAT	F	
12.	OFFICERS A [*]	O DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS A		
THTLE	DANA, MARY		☐ DELETE	1 11		ĺ			Change	☐ Addit:on
NAME STOREY ADDRESS	1831 SE 26 TERRACE			12 %		I ADORESS				
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL					SI - 216				
TITLE	PVS			2.1					Change	Addition
NAME	MILLER, GERALD, D			221	AME					
STREET ADDRESS	1831 SE 28 TERRACE			235	PRES	I ADDRESS				
CITY - S1 - ZIP	CAPE CORAL FL					5T - Z-P				
TITLE	D ANNER OFFILE D		☐ DELETE	3 1					Change	Addition
NAME	MILLER, GERALD, D 1831 SE 26 TERRACE			321						
STREET ADDRESS	CAPE CORAL FL					* ACORESS				
CITY - ST - ZIP TITLE	ON E CONTENT		DELETE		TULLE	ST - ZIP			☐ Change	Addition
NAME				421	IAMÉ					
STREET ADDRESS				435	33#15	I ADDRESS				
CITY-ST-ZIP				440	dr-	ST-Zif			<u></u>	
TITLE			DELETE	5 1	TITLE				☐ Change	Addition
NAME				521	MAME					
STREET ADDRESS						LADORESS				
C:TY-ST-ZIP						ST - ZIP			[] A	- Matrica
THILE			☐ DELETE		TIFLE				Change	e 🔲 Addition
NAME					3MAV	į				
STREET ADDRESS						LADORESS				
CITY - S1 - ZIP				64	CITY-	ST ZIF		0.07:0:0	E	A . 16 A.

14. Ido 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 the corporation or the receiver or trusted 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 TYPERFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 941-772-5979