

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State

1996 4-2-96

DIVISION OF CORPORATIONS

DOCUMENT # J66014

(8)

1. Corporation Name
THE CORNER COMPANY OF FORT MYERS, INC.



Principal Place of Business
12381 S. TAMiami TRAIL
SUITE 404
FORT MEYERS FL 33907

Mailing Address
12381 S. TAMiami TRAIL
SUITE 404
FORT MEYERS FL 33907

3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 04/12/1995
4. FEI Number 59-2799551	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 17980 BERMUDA DUNES DR Subs, Apt #, etc:	26 17980 BERMUDA DUNES DR Subs, Apt #, etc:
22 City & State	27 City & State
23 FORT MYERS, FL Zip: 33912 Country: USA	28 FORT MYERS, FL Zip: 33912 Country: USA
24 33912	25 USA
29 33912	30 USA

9. Name and Address of Current Registered Agent

BARBER, ROBERT S.
12381 S. TAMiami TRAIL, SUITE 404
FORT MEYERS FL 33907

81 Name	ROBERT S BARBER
82 Street Address (P.O. Box Number is Not Acceptable)	
83	17980 BERMUDA DUNES DR
84 City	FORT MYERS FL 85 Zip Code 33912

11. Pursuant to the provisions of Sections 607.0602 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0603, Florida Statutes.

SIGNATURE: *Robert S Barber* - **ROBERT S. BARBER**

3-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARBER, ROBERT S.	
STREET ADDRESS	12381 S. TAMiami TRAIL, SUITE 404	
CITY-STATE-ZIP	FT. MYERS FL 33907	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BARBER, SANDRA K	
STREET ADDRESS	12381 S. TAMiami TRAIL, SUITE 404	
CITY-STATE-ZIP	FT MYERS FL 33907	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROBERT S BARBER	
13 STREET ADDRESS	17980 BERMUDA DUNES DR	
14 CITY-STATE-ZIP	FORT MYERS, FL 33912	
15 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	SANDRA K. BARBER	
17 STREET ADDRESS	17980 BERMUDA DUNES DR	
18 CITY-STATE-ZIP	FORT MYERS, FL 33912	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 change, or on an attachment with an address.

SIGNATURE: *Robert S Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT S BARBER

3-30-96

CR2E034 (12/95)