

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J66014
 1. Corporation Name
The Corner Company of Fort Myers, Inc.

Principal Place of Business 12381 S. Tamiami Trail Suite 404 Fort Myers, FL 33907	Mailing Address 12381 S. Tamiami Trail Suite 404 Fort Myers, FL 33907
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3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 3/30/1996
4. FEI Number 59-2799551	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 21550 River Ranch Road Suite, Apt. #, etc.	2a. Mailing Address 26 21550 River Ranch Road Suite, Apt. #, etc.
22	27
23 City & State Estero, FL	28 City & State Estero, FL
24 Zip 33928	25 Country USA
29 Zip 33928	30 Country USA

9. Name and Address of Current Registered Agent

Barber, Robert S.
12381 S. Tamiami Trail
Suite 404
Fort Myers, FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 21550 River Ranch Road
83
84 City Estero
85 State FL
86 Zip 33928

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P/D	<input type="checkbox"/> DELETE
NAME Barber, Robert S.	
STREET ADDRESS 12381 S. Tamiami Trail, Suite 404	
CITY-ST-ZIP Fort Myers, FL 33907	
TITLE V/S/T	<input type="checkbox"/> DELETE
NAME Barber, Sandra K.	
STREET ADDRESS 12381 S. Tamiami Trail, Suite 404	
CITY-ST-ZIP Fort Myers, FL 33907	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 21550 River Ranch Road	
1.4 CITY-ST-ZIP Estero, FL 33928	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 21550 River Ranch Road	
2.4 CITY-ST-ZIP Estero, FL 33928	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

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: *Robert S Barber* **941-947-0899**
6/4-24-97 ✓

CR2E034 (9/96)