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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J84353 (8)

1. Corporation Name
OBSESSION, A MAN AND A WOMAN, INC.

Principal Place of Business

66 1ST ST.
FT. MYERS FL 33907
US

Mailing Address

66 1ST ST.
FT. MYERS FL 33907-2441
US



2. Principal Place of Business
21 1815 OLE HERITAGE DR
Suite, Apt. #, etc.
22 #11201
City & State
23 ORLANDO FL
Zip Country
24 32839 25 ORANGE 26 32839 27 ORANGE

2a. Mailing Address
26 1815 OLE HERITAGE DR
Suite, Apt. #, etc.
27 #11201
City & State
28 ORLANDO FL
Zip Country
29 32839 30 ORANGE

3. Date Incorporated or Qualified 07/27/1987
3a. Date of Last Report 06/28/1996

4. FEI Number 65-0397492
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be 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

GUITTARO, WALTER J.
66 1ST ST.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name GUITTARO WALTER V
82 Street Address (P.O. Box Number is Not Acceptable) 1815 OLE HERITAGE DR
83 SUITE #11201
84 City ORLANDO FL 85 Zip Code 32839

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: WALTER J. GUITTARO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE OP
NAME GUITTARO, WALTER V
STREET ADDRESS 66 1ST ST.
CITY- ST- ZIP FT. MYERS FL
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
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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 OP
1.2 NAME GUITTARO, WALTER V
1.3 STREET ADDRESS 1815 OLE HERITAGE DR. #11201
1.4 CITY- ST- ZIP ORLANDO FL 32839
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: WALTER J. GUITTARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0396663

CR2E034 (9/96)