

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J93905** (4)

1. Corporation Name

PAST TIME OF FT. MYERS BEACH, INC.



Principal Place of Business

% RICHARD T. COTTER
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931

Mailing Address

% RICHARD T. COTTER
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified

09/24/1987

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTER, RICHARD T.
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(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	D	<input type="checkbox"/> DELETE
NAME	RIZZO, RONALD W.	
STREET ADDRESS	2244 ASTER COURT	
CITY-STATE-ZIP	NAPERVILLE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CALLAHAN, MARTIN J.	
STREET ADDRESS	7120 FLEETWOOD DR.	
CITY-STATE-ZIP	EDINA MN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCDOWELL, THOMAS	
STREET ADDRESS	42 PIONEER TR	
CITY-STATE-ZIP	HANNIBAL MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIESENBECK, RICHARD A.	
STREET ADDRESS	199 LAKE APOLLO DR.	
CITY-STATE-ZIP	HANNIBAL MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIESENBECK, WILLIAM A II	
STREET ADDRESS	#57 SCHWARTZ DR.	
CITY-STATE-ZIP	OTTUMWA IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	60565 (ZIP)
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	55435 (ZIP)
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	63401 (ZIP)
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	63401 (ZIP)
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	52501 (ZIP)
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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 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: *Thomas P. McDowell* THOMAS P. MCDOWELL

MAR. 5, 1996 573-221-0908

Date

Daytime Phone #

CR2E034 (12/95)