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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33931-4347

3. Date Incorporated or Qualified 09/24/1987
3a. Date of Last Report 03/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1759026		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIZZO, RONALD W.	1.2 NAME	
STREET ADDRESS	2244 ASTER COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPERVILLE IL	1.4 CITY - ST - ZIP	60565 (ZIP)
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAHAN, MARTIN J.	2.2 NAME	
STREET ADDRESS	7120 FLEETWOOD DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	2.4 CITY - ST - ZIP	55435 (ZIP)
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, THOMAS	3.2 NAME	
STREET ADDRESS	42 PIONEER TR	3.3 STREET ADDRESS	
CITY - ST - ZIP	HANNIBAL MO	3.4 CITY - ST - ZIP	63401 (ZIP)
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESENBECK, RICHARD A.	4.2 NAME	
STREET ADDRESS	199 LAKE APOLLO DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HANNIBAL MO	4.4 CITY - ST - ZIP	63401 (ZIP)
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESENBECK, WILLIAM A II	5.2 NAME	
STREET ADDRESS	#57 SCHWARTZ DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	OTTUMWA IA	5.4 CITY - ST - ZIP	52501 (ZIP)
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Thomas P. McDowell* THOMAS P. MC DOWELL FEB. 2, 1997 573-221-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)