

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39692 (3)

1. Corporation Name
GENCO OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
**6240 ARC WAY 6240 ARC WAY
FT. MYERS FL 33912 FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/03/1990** 3a. Date of Last Report **07/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 **12750 Commonwealth Dr.** 26 **12750 Commonwealth Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Fort Myers FL** 28 **Fort Myers FL**
Zip Country Zip Country
24 **33913** 25 **Lee** 29 **33913** 30 **Lee**

4. FEI Number **65-0176973** 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
**CORRENTI, ANTHONY D.
6240 AVENUE WAY
SUITE 1
FORT MYERS FL 33912**

10. Name and Address of Now 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 607.0503, Florida Statutes.

SIGNATURE *Anthony D. Correnti* DATE

12. OFFICERS AND DIRECTORS
TITLE **DPST**
NAME **CORRENTI, ANTHONY D.**
STREET ADDRESS **6240 ARC WAY**
CITY, ST, ZIP **FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **12750 Commonwealth Dr**
14 CITY, ST, ZIP **Fort Myers FL 33907**
15 TITLE Change Addition
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP
19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP
23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP
27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(g), Florida Statutes. I further certify that the information included 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. 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 of this report, or on an attachment with an address.

SIGNATURE: *Anthony D. Correnti*
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR