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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L39692

(3)

GENCO OF SOUTHWEST FLORIDA, INC.

FILED											
Apr 24 1997 8:00am											
Secretary of State											



											!
Principal Place of Business Mailing Address							T TOO TITLE TO THE COLOR OF THE				
12750 COMMONWEALTH DRIVE 12750 COMMONWEALTH DRIVE FORT MYERS FL 33913 FORT MYERS FL 33913-8037 US											
							3. Date Incorporated or Qualified 01/03/1990		ile of La)1/199		orl
└	Place of Business	—— ₁	Mailing Address				4. FEI Number			+	ed For
21 Suite, Apt.	# Ato	26	wite Apt # oto				65-0176973		00.		pplicable
22	#, BIG.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & Stat	θ		City & Stato				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees				
Ζίρ 24	Country 25	h1	'(β)	Coun	itry		8. This corporation has liability for Florida Statutes	intangible Yes [ler s. 19	99.032,
[4]	9. Name and Address of Curren	29 t Registe	red Agent	[30]	-		10. Name and Address of New Re				—
COF	RENTI, ANTHONY D.				81	Name		6-2-3100	-0		
	50 COMMONWEALTH DRIVE			}-	82	Street Add	Irace (P.O. Boy Number in Not Accents	da)			,
	T MYERS FL 33913					Street Add	lress (P.O. Box Number is Not Accepta	ле) 			
				1	33	l					
				Ī	84	City		FI	85	Zip Co	de
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the obliga	2 and 607 of Florida ations of, \$.1608, Florida Statul . Such change was a Section 607.0505, Fix	es, the abo authorized orida Statu	I ove by tes	e-named corp the corpora	poration submits this statement for the polition's board of directors. I hereby acce	ourpose of pt the app	changi ointmer	ng its re	ogistered gistored
SIGNATURE											
12.	Signature, typed or printed name of registered age OFFICERS ANI			L Registered .	γgri	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF BS AND	NUBEC	YODE.	Ñ 12
TITLE	DPST	D LANG OF	DELETE	1.1 101	E		ADDITIONS/CHANGES TO OFF	JENO AIN	Cha		Addition
NAME	CORRENTI, ANTHONY D.			1.2 NAM							-
STREET ADDRESS	12750 COMMONWEALTH DRIV	E		1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	FORT MYERS FL			1.4 0(1)	/- ST	T - 7/P					
TITLE			DELETE	2.1 T/TL	Ŀ				☐ Cha	nge [Addition
NAME				2.2 NAN	ΛE						
STREET ADDRESS	1			2.3 STR	ĖΕΤ	ADDRESS					
CITY-ST-ZIP				2. 4 CIT		51 - 7IP					
TITLE			☐ DELETE	3 1 1 111					Cha	nge [Addition
NAME				3.2 NAN		-					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CIT		61 - ZIP					Addition-
TITLE NAME			☐ OFFEIG	4.1 Till					Cha	uge L	Addition
STREET ADDRESS				4, 2 NA!		ADDRESS					
						ADDRESS					
CITY-ST-ZIP TITLE			DELF16	4.4 CITY 5.1 TITL	**	- 1 Is.			☐ Chai	nge T	Addition
NAME				5.2 NAN		Ì				J- L	
STREET ADDRESS				1		ADORESS					
CITY-ST-ZIP				5.4 CIT		į					
TITLE			DELETE	6 1 TITL					☐ Cha	nge [Addition
NAME				62 NAN					"	, .	,
STREET ADDRESS						ADDRESS					
City-St-ZIP				6.4 C(T)		ì					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.