

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 # L67273 (7)
1. Corporation Name
TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**16521 SAN CARLOS BLVD., SUITE F
FT MYERS FL 33908-3951**

Mailing Address
**16521 SAN CARLOS BLVD., SUITE F
FT MYERS FL 33908-3951**

3. Date Incorporated or Qualified
05/01/1990

3a. Date of Last Report
03/09/1995

2. Principal Place of Business
21 **16681 MCGREGOR BLVD**
Suite, Apt. #, etc.
22 **207**
City & State
23 **FT. MYERS, FL**
Zip Country
24 **33908** 25 **LEE**

2a. Mailing Address
26 **16681 MCGREGOR BLVD**
Suite, Apt. #, etc.
27 **207**
City & State
28 **FT MYERS FL**
Zip Country
29 **33908** 30 **LEE**

4. FEI Number
65-0184592

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

**DILLER, BEATRICE E.
16521 SAN CARLOS BLVD
SUITE F
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
16681 MCGREGOR BLVD
83 **#207**
84 City **FT MYERS** FL 85 Zip Code **33908**

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 *Beatrice E. Diller*

(Signature of Registered Agent required when appointing)

4-30-96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DILLER, BEATRICE E. | |
| STREET ADDRESS | 17417 FUCHSIA RD | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GARGAC, ELMER L. | |
| STREET ADDRESS | 16521 SAN CARLOS BLVD, F | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HUFF, SAM | |
| STREET ADDRESS | 16521 SAN CARLOS BLVD #F | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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:

Beatrice E. Diller

BEATRICE E. DILLER

DATE

4-30-96

CHARTER PHONE #

941-466-3330

CR2E034 (12/95)