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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03798 (8)  
1. Corporation Name  
CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.

Principal Place of Business 1504 EL DORADO PKWY CAPE CORAL FL 33914	Mailing Address 1504 EL DORADO PKWY CAPE CORAL FL 33914
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 1710 S.E. 10th St. 23 City & State CAPE CORAL, FL 24 Zip 33990	2a. Mailing Address 26 Suite, Apt. #, etc. 27 1710 S.E. 10th St. 28 City & State CAPE CORAL, FL 29 Zip 33990
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3. Date Incorporated or Qualified 06/20/1984	4. FEI Number 59-2556581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent RUSSO, NICHOLAS 1504 EL DORADO PKWY CAPE CORAL FL 33914	10. Name and Address of New Registered Agent 81 Name Jules Cibelli 82 Street Address (P.O. Box Number is Not Acceptable) 1710 S.E. 10th St. 83 CAPE CORAL 84 City FL 85 Zip Code 33990
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jules Cibelli President 1/21/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUSSO, NICHOLAS 1504 EL DORADO PKWY CAPE CORAL FL 33914 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP DOHERTY, ED 5341 SW 11th AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CIBELLI, JULES 1710 SE 10TH ST CAPE CORAL FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PRCS. CIBELLI, Jules 1710 S.E. 10th St. CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEMENTE, ANTOINETT 4310 SE 18TH PL CAPE CORAL FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELSON, MARY M 4703 SE 17TH PL STE 103 CAPE CORAL FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEKANIK, JEANNE 3757 SE 1ST PL CAPE CORAL FL 33904 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S MICHEL DOHERTY 5341 S.W. 11th AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLISS, MARIAN 905 SE 23RD TERR CAPE CORAL FL 33990 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Marian Fliss 1/21/98 9314

CR2E037 (10/97)