

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # NO 7081
1. Corporation Name

Southwest Florida Real Estate Exchangors

Principal Place of Business
8510 Granite Court
Fort Myers, Florida 33908

Mailing Address
P.O. Box 7383
Fort Myers, Fl. 33919

3. Date Incorporated or Qualified 1/14/85	3a. Date of Last Report 5/1/96
4. FEI Number 59-2364728	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

Bunschu, Charles, Jr.
8510 Granite Ct.
Fort Myers, Fl. 33908

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
	500002248205 -07/24/97--01009--030	***61.25 FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP Raymond J. Forbes 1741 Colonial Blvd. Fort Myers, Fl.	1.1 TITLE	President
NAME		1.2 NAME	Lynn Lacy
STREET ADDRESS		1.3 STREET ADDRESS	5510 SW 4th Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Cape Coral, Florida 33914
DV		2.1 TITLE	Vice-Pres.
NAME	James Collier	2.2 NAME	Jim Toy
STREET ADDRESS	3916 Cleveland Av.	2.3 STREET ADDRESS	1250 Myerlee Country Club Blvd.
CITY-ST-ZIP	Ft. Myers, Fl.	2.4 CITY-ST-ZIP	Fort Myers, Fl. 33919
TITLE	D	3.1 TITLE	Secy. Treasurer
NAME	Ed Stapleton	3.2 NAME	Olga McCree
STREET ADDRESS	4731 Vincennes Blvd.	3.3 STREET ADDRESS	726 SW 51st Terrace
CITY-ST-ZIP	Cape Coral, Fl.	3.4 CITY-ST-ZIP	Cape Coral, Florida 33914
TITLE	DV	4.1 TITLE	Director
NAME	Ann Rubenstein	4.2 NAME	Diane Finley
STREET ADDRESS	5020 SW 5th Pl.	4.3 STREET ADDRESS	11391 Shirley Lane
CITY-ST-ZIP	Cape Coral, Fl. 33914	4.4 CITY-ST-ZIP	Fort Myers, Florida 33917
TITLE	D	5.1 TITLE	Director
NAME	Ralph Call	5.2 NAME	Chuck Bunschu
STREET ADDRESS	14150 McGregor Blvd.	5.3 STREET ADDRESS	8510 Granite Court
CITY-ST-ZIP	Ft. Myers, Fl.	5.4 CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Paul Germain
STREET ADDRESS		6.3 STREET ADDRESS	1850 Victoria Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Myers, Florida 33901

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Olga McCree 7/17/97 941-549-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
OLGA MCCREE