


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24757 (9)**  
1. Corporation Name  
**THE CHAMBER OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>1520 ROYAL PALM SQUARE BLVD. SUITE 210 FT. MYERS FL 33919 US</b>	Mailing Address <b>1520 ROYAL PALM SQUARE BLVD. SUITE 210 FT. MYERS FL 33919-1036 US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>2a</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/09/1988</b>	<b>3a.</b> Date of Last Report <b>05/19/1996</b>
<b>4.</b> FEI Number <b>65-0028894</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**TIREY, STEPHEN T.  
1002 SW 21ST AVENUE  
CAPE CORAL FL 33990**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NULMAN, JAMES</b>		1.2 NAME	
STREET ADDRESS <b>PO BOX 280 N/A</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TIREY, STEPHEN T.</b>		2.2 NAME	
STREET ADDRESS <b>1002 SE 21ST AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CAPE CORAL FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VALENTI, WILLIAM</b>		3.2 NAME	
STREET ADDRESS <b>P. O. BOX 2529 N/A</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MANITZ, MARK</b>		4.2 NAME	
STREET ADDRESS <b>13099 U.S. 41 S.E., STE. 410</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHMOYER, JERRY</b>		5.2 NAME	
STREET ADDRESS <b>9200 BONITA BEACH RD., STE. 101</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BONITA SPRINGS FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARTIN, ROSS</b>		6.2 NAME	
STREET ADDRESS <b>12610 NEW BRITTANY BLVD.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		6.4 CITY-ST-ZIP	
TITLE <b>D</b>		7.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARKHAM, GAIL</b>		7.2 NAME	
STREET ADDRESS <b>6361 PRESIDENTIAL CT</b>		7.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS, FL</b>		7.4 CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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 an attachment with an address.

**SIGNATURE:** *[Signature]*

CR2E037 (9/96)