

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29467 (0)

1. Corporation Name
FORT MYERS JAYCEES, INC.



Principal Place of Business Mailing Address
ROBERT E. BARNHART P.O. BOX 061466
6688 FAIRVIEW ST FT. MYERS FL 33906
FT MYERS FL 33912
US

3. Date Incorporated or Qualified **11/28/1988** 3a. Date of Last Report **02/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-0230027 65-0632358	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
D'ALESSANDRO, JOSEPH P. 1130 SHADOW LANE FT. MYERS FL 33901		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, BERNIE	1.2 NAME	
STREET ADDRESS	6688 FAIRVIEW ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIEVE, KENNETH WAYNE	2.2 NAME	MIKE LAUGHLIN
STREET ADDRESS	1055 PALM AVE #212	2.3 STREET ADDRESS	13092 TALL PINE CIR
CITY - ST - ZIP	N FT MYERS FL	2.4 CITY - ST - ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENELLI, J	3.2 NAME	
STREET ADDRESS	12881 EAGLE PT CIR	3.3 STREET ADDRESS	3701 WINKLER EXT APT 426
CITY - ST - ZIP	FT MYERS FL	3.4 CITY - ST - ZIP	35916
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTA, ROBERT	4.2 NAME	
STREET ADDRESS	P O BOX 61101	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	4.4 CITY - ST - ZIP	
TITLE	MD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHREVE, KAREN	5.2 NAME	LINDA FRISCH
STREET ADDRESS	1055 PALM AVE #212	5.3 STREET ADDRESS	8618 FORDHAM
CITY - ST - ZIP	N FT MYERS FL	5.4 CITY - ST - ZIP	FT MYERS FL 33907
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METHOD, TODD	6.2 NAME	
STREET ADDRESS	11990 S CLEVELAND AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **2-9-96** Daytime Phone #: **8132783796**

CR2E037 (12/95)