


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 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 # N29467 (0)**

1. Corporation Name  
**FORT MYERS JAYCEES, INC.**



Principal Place of Business <b>%ROBERT E. BARNHART          6688 FAIRVIEW ST          FT MYERS FL 33912          US</b>	Mailing Address <b>P.O. BOX 061466          FT. MYERS FL 33906</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/28/1988</b>		3a. Date of Last Report <b>02/13/1996</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28 11990 S. CLEVELAND AVE</b>	4. FEI Number <b>65-0632358</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23 FORT MYERS</b>	City & State <b>28 FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>29 33912</b>	Country <b>30</b>		

9. Name and Address of Current Registered Agent

**D:ALESSANDRO, JOSEPH P.  
 1130 SHADOW LANE  
 FT. MYERS FL 33901**

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

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	CREWS, BERNIE	
STREET ADDRESS	6688 FAIRVIEW ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, MIKE	
STREET ADDRESS	13092 TALL PINE CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENELLI, J	
STREET ADDRESS	3701 WINKLER CRT, APT 426	
CITY-ST-ZIP	FT MYERS FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	VALENTA, ROBERT	
STREET ADDRESS	P O BOX 61101	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	FRISCH, LINDA	
STREET ADDRESS	8618 FORDHAM	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	METHOD, TODD	
STREET ADDRESS	11990 S CLEVELAND AVE	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CREWS, BERNIE	
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	PRESIDENT (PT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	METHOD, TODD	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 SEP 12 1997 8:00am

CP2E037 (4/97)