

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 # N39808 (3)
1. Corporation Name
SOUTHWEST FLORIDA TECHNOLOGY CENTER, INC.



Principal Place of Business

Mailing Address

**870 BALD EAGLE DRIVE
B-2
MARCO ISLAND FL 33937
US**

**6800 SW 40TH ST
#293
MIAMI FL 33155
US**

3. Date Incorporated or Qualified

08/24/1990

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 **6800 SW 40TH ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **293**

27

City & State

City & State

23 **MIAMI**

28

Zip

Country

Zip

Country

24 **FL**

25 **33155**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKELSON, DAVID L.
870 BALD EAGLE DRIVE, B-2
NAPLES FL 33962**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

6800 SW 40TH ST # 293

83

84 City **MIAMI**

FL

85 Zip Code **33155**

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

David L. Mikelson

DAVID L. MIKELSON

1 Feb 96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE

NAME **JONES, ROBERT F.**
STREET ADDRESS **1514 MAINSAIL DR. #5**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **DP** ☐ DELETE

NAME **MIKELSON, DAVID L.**
STREET ADDRESS **871 S. COLLIER CT.**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **DS** ☐ DELETE

NAME **GRANDY, C. GORDON**
STREET ADDRESS **361 FOREST HILLS BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**6800 SW 40TH ST # 293
MIAMI, FL 33155-3708**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

David L. Mikelson

DAVID L. MIKELSON

1 Feb 96 305-669-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)