FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:23

DOCUMENT # N47127 (8)

1. Corporation Name
FORT MYERS BUSINESS NETWORK, INC.

Principal Place of Business	Mailing Address
PO BOX 308 ~~SUITE E~~ FORT MYERS FL 33902 US	PO BOX 308 ~~SUITE E~~ FORT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0309345 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 NO STE #	Suite, Apt. #, etc. 27 NO STE #
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

STRAMEL, DIANE E
2040 VIRGINIA AVE.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	STRAMEL, DIANE E	1.2 NAME	
STREET ADDRESS	2040 VIRGINIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	DT ☒ Change ☐ Addition
NAME	~~DARLENE, POINTER~~	2.2 NAME	PAULA SISK
STREET ADDRESS	~~2000 MAIN ST~~	2.3 STREET ADDRESS	11598 S CLEVELAND AVE
CITY-ST-ZIP	~~FORT MYERS FL 33901~~	2.4 CITY-ST-ZIP	FT MYERS FL 33907
TITLE	S	3.1 TITLE	D.V ☒ Change ☐ Addition
NAME	~~SZYMONSKI, SANDY~~	3.2 NAME	FRAN PODRAZA
STREET ADDRESS	~~4914 6TH ST. W~~	3.3 STREET ADDRESS	3736 SWAMP CABBAGE CT
CITY-ST-ZIP	~~LEHIGH ACRES FL 33971~~	3.4 CITY-ST-ZIP	FT MYERS FL 33901
TITLE	DS	4.1 TITLE	D S ☒ Change ☐ Addition
NAME	~~DIXON, SUSAN~~	4.2 NAME	MICHAEL COOLBROTH
STREET ADDRESS	~~14 N. DEL PRADO BLVD. STE 201~~	4.3 STREET ADDRESS	4901 PALM BEACH BLVD # 111
CITY-ST-ZIP	~~CAPE CORAL FL 33909~~	4.4 CITY-ST-ZIP	FT MYERS FL 33905
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Diane E Stramel 2-7-95 813-334-1363
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Diane E Stramel

0059036