

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 # N47127 (8)

1. Corporation Name

FORT MYERS BUSINESS NETWORK, INC.

Principal Place of Business

PO BOX 308
FORT MYERS FL 33902
US

Mailing Address

PO BOX 308
FORT MYERS FL 33902
US



3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAMEL, DIANE E
2040 VIRGINIA AVE.
FORT 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

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 DP
NAME STRAMEL, DIANE E
STREET ADDRESS 2040 VIRGINIA AVE.
CITY-ST-ZIP FORT MYERS FL 33901 ☒ DELETE

1.1 TITLE D/P
1.2 NAME Nancy Miller
1.3 STREET ADDRESS 12771 World Plaza Lane Ste 2
1.4 CITY-ST-ZIP Ft Myers FL 33907 ☐ Change ☒ Addition

TITLE BT
NAME SISK, PAULA
STREET ADDRESS 11298 S. CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

2.1 TITLE DIS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV
NAME PODRAZA, FRAN
STREET ADDRESS 2726 SWAMP CABBAGE CT.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 12610 New Brittany Blvd
3.4 CITY-ST-ZIP Ft Myers FL 33907 ☒ Change ☐ Addition

TITLE DS
NAME COOLBROTH, MICHAEL
STREET ADDRESS 4901 PALM BEACH BLVD. #111
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D/T
5.2 NAME DAVID HACHE
5.3 STREET ADDRESS 13261 University Center Blvd
5.4 CITY-ST-ZIP Ft Myers FL 33907 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

941-277-7144

CR2E037 (12/95)