

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 # **N47762 (2)**
1. Corporation Name
PAINT YOUR HEART OUT LEE COUNTY, INC.



Principal Place of Business: **3700 CENTRAL AVENUE FORT MYERS FL 33901**
Mailing Address: **3700 CENTRAL AVENUE FORT MYERS FL 33901**

3. Date Incorporated or Qualified: **03/10/1992**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0332664	Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUTLER, GAREY F. 1625 HENDRY STREET SUITE 301 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, NEFF C.	1.2 NAME	Neff, C. Michael
STREET ADDRESS	12730 NEW BRITTANY BLVD.	1.3 STREET ADDRESS	12730 New Brittany Blvd
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft Myers, FL 33907
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUECK, ROBERT	2.2 NAME	Brueck, Robert
STREET ADDRESS	3700 CENTRAL AVENUE	2.3 STREET ADDRESS	3700 Central Avenue
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERA, RICHARD	3.2 NAME	Shera, Richard
STREET ADDRESS	2000 MAIN STREET 3RD FLOOR	3.3 STREET ADDRESS	3210 Cleveland Avenue
CITY-ST-ZIP	FORT MYERS FL 33901	3.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JO B.	4.2 NAME	Sullivan, Jo.B.
STREET ADDRESS	1610 ROYAL PALM AVENUE	4.3 STREET ADDRESS	9240 Bonita Beach Road, Suite 2205
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	100001738811
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	-03/11/96--01056--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***61.25
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)(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: Richard A. Shera, Jr. Date: 03-04-96 Daytime Phone #: 941-275-2353

CR2E037 (12/95)