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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33901-8221**



3. Date Incorporated or Qualified **03/10/1992** 3a. Date of Last Report **03/11/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0332664		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		29					

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
85	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

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, MICHAEL C	1.2 NAME	
STREET ADDRESS	12730 NEW BRITTANY BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL 33907	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUECK, ROBERT	2.2 NAME	
STREET ADDRESS	3700 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33901	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERA, RICHARD	3.2 NAME	SHERA, RICHARD
STREET ADDRESS	3210 CLEVELAND AVE	3.3 STREET ADDRESS	12535 NEW BRITTANY BLVD #28
CITY - ST - ZIP	FORT MYERS FL 33901	3.4 CITY - ST - ZIP	Ft Myers FL 33907
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JO B.	4.2 NAME	
STREET ADDRESS	9240 BONITA BEACH RD SUITE 2205	4.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Richard H. Shera, Jr. **Richard H. Shera, Jr. Sec.** 4-9-97 277-2631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085902

CR2E037 (9/96)