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

APPROVED
APR
FILED
95 APR 23 PM 1:
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002518 (9)

1. Corporation Name
CHILD SUPPORT, INC.

Principal Place of Business	Mailing Address
6535 WINKLER RD FT MYERS FL 33919	6535 WINKLER RD FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 09/07/1994
4. FEI Number: 65-0033542 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HAWLEY, MARTIN E
6535 WINKLER RD
FT MYERS FL 33919

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 MCH Martin Hawley 3-14-95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	HAWLEY, LINDA D	12 NAME	
STREET ADDRESS	6535 WINKLER RD	13 STREET ADDRESS	000001439360
CITY-ST-ZIP	FT MYERS FL 33919	14 CITY-ST-ZIP	-03/24/95--01095--008
TITLE	D	21 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	HAWLEY, MARTIN E	22 NAME	
STREET ADDRESS	6535 WINKLER RD	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAWLEY, PHILLIP E	32 NAME	
STREET ADDRESS	6535 WINKLER RD	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	3/23/95 AH
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Phillip E Hawley 3-14-95 813-487-4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Phillip Hawley

000002

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000002737 (5)**

1. Corporation Name

SOUTHWEST FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business	Mailing Address
% SANDRA DIAMOND 1824 HARBOR LANE NAPLES FL 33942	% SANDRA DIAMOND 1824 HARBOR LANE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 74-2641648 ☐ 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	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HENDERSON, JOYCE
16150 BAY POINTE BLVD., NE
SUITE B-307
NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (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	P	11 TITLE	P/D ☑ Change ☐ Addition
NAME	HENDERSON, JOYCE	12 NAME	HENDERSON, JOYCE
STREET ADDRESS	16150 BAY POINTE BLVD., #3307	13 STREET ADDRESS	16150 BAY POINTE BLVD, #307
CITY-ST-ZIP	N. FT. MYERS FL	14 CITY-ST-ZIP	N. FT. MYERS FL.
TITLE	S	21 TITLE	S/D ☑ Change ☐ Addition
NAME	WAINSCOTT, TINA	22 NAME	WAINSLOTT, TINA
STREET ADDRESS	5881 28TH AVENUE S.W.	23 STREET ADDRESS	5881 28th Avenue S.W
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL.
TITLE	V	31 TITLE	V/D ☑ Change ☐ Addition
NAME	HUGHES, KRISTINE	32 NAME	HUGHES, KRISTINE
STREET ADDRESS	P.O. BOX 420028 N/A	33 STREET ADDRESS	6774 BUCKINGHAM COURT
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES, FL.
TITLE	T	41 TITLE	T/D ☑ Change ☐ Addition
NAME	DIAMOND, SANDRA C	42 NAME	DIAMOND, SANDRA
STREET ADDRESS	1824 HARBOR LANE	43 STREET ADDRESS	1824 HARBOR LANE
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

700001435977
-03/22/95--01022--014
*****61.25 *****61.25

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: Sandra C Diamond SANDRA C DIAMOND 2/16/95 813 775 0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

FLU 3-30-95

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