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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004669			
1. Corporation Name NORTH FORT MYERS HIGH BAND BOOSTERS, INC.			
Principal Place of Business NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903		Mailing Address NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	10/15/1993	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0478028	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	30	
25	29	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAYUSA, MICHAEL F 1922 VICTORIA AVENUE SUITE A FT. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DP	1.1 TITLE	
NAME	JARVI, FREDERICK MICH	1.2 NAME	
STREET ADDRESS	217 SE 3RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	BERMARD. T	2.2 NAME	
STREET ADDRESS	1019 LOVELY LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	MCINNIS, C	3.2 NAME	
STREET ADDRESS	5580 BUNHAM CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	DAVIS, S	4.2 NAME	
STREET ADDRESS	5776 INVERNESS CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	TYRE, L	5.2 NAME	
STREET ADDRESS	5954 POETRY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

CR2E037 (11/98)