

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006079 (5)**  
1. Corporation Name  
**SOUTHWEST FLORIDA EPIC DRAMA, INC.**



Principal Place of Business <b>198 A CARIBBEAN RD NAPLES FL 33108</b>	Mailing Address <b>198 A CARIBBEAN RD NAPLES FL 33108</b>
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3. Date Incorporated or Qualified <b>11/27/1996</b>	
4. FEI Number <b>65-0711583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent  
**COMPTON, RICHARD F III  
198 A CARIBBEAN RD  
NAPLES FL 33108**

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 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COMPTON, RICK</b>	1.2 NAME	<b>al Bruggemeyer</b>
STREET ADDRESS	<b>198 A CARIBBEAN RD</b>	1.3 STREET ADDRESS	<b>282 Edgemere Way</b>
CITY-ST-ZIP	<b>NAPLES FL 33108</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34105</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>4459 FLAMINGO DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITCH, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>3776 CRACKER WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSCEOLA, TINA</b>	4.2 NAME	
STREET ADDRESS	<b>6870 TWENTIETH AVE, SW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMBARDO, CHRISTOPHER</b>	5.2 NAME	
STREET ADDRESS	<b>801 LAUREL OAK DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	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 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 \_\_\_\_\_ DATE **April 30 1998 041-742 1405**

CF2E037 (10/97)