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May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000005648 (7)

1. Corporation Name

CONSUMER FRAUD AWARENESS, INC.

Principal Place of Business

7234 DRAKE DRIVE, S.W.
FORT MYERS FL 33908

Mailing Address

7234 DRAKE DRIVE, S.W.
FORT MYERS FL 33908



3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

65-0785727

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 710 SWAMP CABBAGE COURT

Suite, Apt. #, etc.

22

City & State

23 Fort Myers, FL 33901

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 2710 SWAMP CABBAGE COURT

Suite, Apt. #, etc.

27 same

City & State

28

Zip

29 LEE

Country

30 LEE

9. Name and Address of Current Registered Agent

PETRUCCELLI, D.J.
7234 DRAKE DRIVE, S.W.
FORT MYERS FL 33908

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCOFIELD, SANDI
STREET ADDRESS 4227 S.W. 21ST PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME STANLEY, JAMES
STREET ADDRESS 1134 WINGED FOOT CIRCLE WEST
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ DELETE

NAME PETRUCCELLI, D.J.
STREET ADDRESS 7234 DRAKE DRIVE, S.W.
CITY-ST-ZIP FORT MYERS FL 33908

TITLE Sec/Treasurer ☐ DELETE

NAME VINCENT D. RIZZO
STREET ADDRESS SWAMP CABBAGE COURT FT. MEYERS 33901
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: VINCENT D. RIZZO Sec/Treas 941 931 0550 4/29/98

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