

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90019 019 \*\*\*\*61.25

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1. Corporation Name

SALES & MARKETING EXECUTIVES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1601 JACKSON STREET #201  
FORT MYERS FL 33901

Mailing Address

1601 JACKSON STREET #201  
FORT MYERS FL 33901



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

65-0129757

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

9. Name and Address of Current Registered Agent

MAHER, ROBERT T  
1601 JACKSON STREET #201  
FORT MYERS FL 33901

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	HART, PATRICE	
STREET ADDRESS	15620 LAKE CANDLEWOOD DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	DELETE
NAME	GRABOW, HOWARD	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	DELETE
NAME	ZSEBE, ALAN	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
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	D	Change	Addition
1.2 NAME	ALLAN L MCCOMBS		
1.3 STREET ADDRESS	12751 S. CLEVELAND AVE		
1.4 CITY-ST-ZIP	FORT MYERS FL 33907		
2.1 TITLE	D	Change	Addition
2.2 NAME	PAULA COCHRAN KAMINSKI		
2.3 STREET ADDRESS	1601 JACKSON ST		
2.4 CITY-ST-ZIP	FORT MYERS FL 33901		
3.1 TITLE	D	Change	Addition
3.2 NAME	SHELLY LACHMAN		
3.3 STREET ADDRESS	1601 JACKSON ST		
3.4 CITY-ST-ZIP	FORT MYERS FL 33901		
4.1 TITLE	D	Change	Addition
4.2 NAME	JERRY SEARS		
4.3 STREET ADDRESS	1601 JACKSON ST		
4.4 CITY-ST-ZIP	FORT MYERS FL 33901		
5.1 TITLE	D	Change	Addition
5.2 NAME	MARIA CUTE		
5.3 STREET ADDRESS	1601 JACKSON ST		
5.4 CITY-ST-ZIP	FORT MYERS FL 33901		
6.1 TITLE	D	Change	Addition
6.2 NAME	VANNA SHORT		
6.3 STREET ADDRESS	1601 JACKSON ST		
6.4 CITY-ST-ZIP	FORT MYERS FL 33901		

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0059440

CR2E037 (11/98)