

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 AM 11:08

DOCUMENT # **P93000001097 (3)**

1. Corporation Name

**FORT MEYERS L.T., INC.**

Principal Place of Business

Mailing Address

ONE THEALL RD  
RYE NY 10580

6 BRIGHTON RD  
CLIFTON NJ 07015  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1993

28. Date of Last Report

03/18/1994

4. FEI Number

58-2044219

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

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

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.150B, 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

(Separate, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AXELROD, NORMAN
STREET ADDRESS	6 BRIGHTON RD
CITY-ST-ZIP	CLIFTON NJ
TITLE	V
NAME	GILES, WILLIAM
STREET ADDRESS	6 BRIGHTON RD
CITY-ST-ZIP	CLIFTON NJ
TITLE	S
NAME	DICK, DAVID
STREET ADDRESS	6 BRIGHTON RD
CITY-ST-ZIP	CLIFTON NJ
TITLE	D
NAME	BRENNAN, MICHAEL
STREET ADDRESS	ONE THEALL RD
CITY-ST-ZIP	RYE NY
TITLE	D
NAME	RICHARDS, ARTHUR
STREET ADDRESS	ONE THEALL RD
CITY-ST-ZIP	RYE NY
TITLE	D
NAME	QURAESHI, SHAHID
STREET ADDRESS	ONE THEALL RD
CITY-ST-ZIP	RYE NY

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 Sections 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13. Any changes must be an attachment with an address.

SIGNATURE:

*David Dick*  
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

DAVID DICK

3-29-95

201-778-1300