

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001097 (3)

1. Corporation Name

FORT MEYERS L.T., INC.



Principal Place of Business

ONE THEALL RD
RYE NY 10580

Mailing Address

6 BRIGHTON RD
CLIFTON NJ 07015
US

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

04/04/1995

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and state address)

(If the Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME AXELROD, NORMAN
STREET ADDRESS 6 BRIGHTON RD
CITY-STATE-ZIP CLIFTON NJ

TITLE V ☐ DELETE

NAME GILES, WILLIAM
STREET ADDRESS 6 BRIGHTON RD
CITY-STATE-ZIP CLIFTON NJ

TITLE S ☐ DELETE

NAME DICK, DAVID
STREET ADDRESS 6 BRIGHTON RD
CITY-STATE-ZIP CLIFTON NJ

TITLE D ☒ DELETE

NAME BRENNAN, MICHAEL
STREET ADDRESS ONE THEALL RD
CITY-STATE-ZIP RYE NY

TITLE D ☐ DELETE

NAME RICHARDS, ARTHUR
STREET ADDRESS ONE THEALL RD
CITY-STATE-ZIP RYE NY

TITLE D ☒ DELETE

NAME QURASHI, SHAHID
STREET ADDRESS ONE THEALL RD
CITY-STATE-ZIP RYE NY

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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 Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DICK

125-96

Date

201 778 1300

Daytime Phone #

CR2E034 (12/95)