## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300007246 (0)

CHRIS-TEL COMPANY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address		T SONCEMON NO COSON 15415 GOLES BANKS #PIGE	ONINI MALIN 10010 (INNI DERFO DINI LADI
1850 BOY SCOUT DR	1850 BOY SCOUT DR			
STE 205	STE 205		DO NOT WRITE I	N THE COLOR
FORT MYERS FL 33901	FORT MYERS FL 33901		3. Date Incorporated or Qualified	3a. Date of Last Report
US	US			' (
2. Principal Place of Business	2a. Mailing Address		01/29/1993 4. FEI Number	06/12/1996 Applied For
<u> </u>	26		65-0384539	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	60 7E
<b>-</b>	17		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	18		Trust Fund Contribution	Added to Fees
Zip Country	'	ountry	8. This corporation owes or has paid	
	9 30	<del></del>	Personal Property Tax due June 3	
9. Name and Address of Current Re	gistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
WHEELER, HOWARD L JR.		81 Name		
1850 BOY SCOUT DR		82 Street Ad	ldress (P.O. Box Number is Not Acceptable	9)
STE 205		83		
FORT MYERS FL 33901		03		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 an	d 607 1508 Florida Statutas, the	above-named co	progration submits this statement for the nu	
office or registered agent, or both, in the State of F     agent. I am familiar with, and accept the obligation	lorida. Such change was authoriz	zed by the corpor	ration's board of directors. I hereby accept	the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent and		ered Agent signature rec		DATE
12. OFFICERS AND DI	7 2 2 2 2 2		ADDITIONS/CHANGES TO OFFICE	
THLE D		TITLE		Change Addition
NAME WHEELER, HOWARD L		? NAME		
STREET ADDRESS 1850 BOYSCOUT DR, #205	i i	STREET ADDRESS		
CHY-ST-ZIP FT MYERS FL		I CITY-ST-ZIP		Channa - Addition
TITLE		TITLE		Change
NAME		2 NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		Change Addition
		NAME		E Alianda ET VOOIIIOI
NAME CIPIET APPROACE	<b>.</b>	\ \		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	I. CITY-ST-ZIP		Change Addition
NAME		2 NAME	·	5go 1.0000011
STREET ADDRESS	1	STREET ADDRESS		
CITY-SY-ZIP	T T	CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		Change Addition
NAME				
I STREET ADDRESS I	6.2	? NAME		
STREET ADDRESS CITY-ST-ZIP	6.2			

If do hereby certify that the information supplied with this filing doos not quality for the exemption stated in Section 119.0/(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; the Lam an officer or director of the corporation or the traceiver 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, for only in attachment with an address.

CIGNIATURE.

**ENCOURED** 

7-18-97

941-936-5005

**FILED** 

Aug 05 1997 8:00am

Secretary of State