

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 # P93000040707 (0)

1. Corporation Name
6875 ESTERO, INC.



Principal Place of Business 13691 METROPOLITAN PARKWAY SUITE 100 FT. MYERS FL 33912	Mailing Address 13691 METROPOLITAN PARKWAY SUITE 100 FT. MYERS FL 33912
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3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 03/02/1995
4. FEI Number 65-0416943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 100 W. Kennedy Blvd. Suite, Apt. #, etc. 22 750 City & State 23 Tampa, FL Zip 24 33602	2a. Mailing Address 26 100 W. Kennedy Blvd. Suite, Apt. #, etc. 27 750 City & State 28 Tampa, FL Zip 29 33602	Country 25 U.S.	Country 30 U.S.
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9. Name and Address of Current Registered Agent

**WILLETT, THOMAS K
13691 METROPOLITAN PARKWAY
SUITE 100
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name Thomas K. Willett
82 Street Address (P.O. Box Number is Not Acceptable) 100 W. Kennedy Blvd.
83 St. 750
84 City Tampa
85 State FL
86 Zip Code 33602

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	WILLETT, THOMAS K.	1.1 TITLE P
NAME	13691 METRO PARKWAY, SOUTH	1.2 NAME Thomas K. Willett
STREET ADDRESS	FT. MYERS FL	1.3 STREET ADDRESS 100 W. Kennedy Blvd., St. 750
CITY - ST - ZIP		1.4 CITY - ST - ZIP Tampa, FL 33602
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 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 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

Thomas K. Willett **Thomas K. Willett** 2/14/96 813-221-9555

Date

Daytime Phone #

CR2E034 (12/95)