

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.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000042765 (6)**

1. Corporation Name

CAPE CORAL REAL ESTATE, INC.

Principal Place of Business

**11501 HAMPTON GREENS DRIVE
FT. MYERS FL 33913**

Mailing Address

**11501 HAMPTON GREENS DRIVE
FT. MYERS FL 33913**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	14030 N. CLEVELAND AVE.	26	14030 N. CLEVELAND AVE.	06/17/1993	08/15/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0416719	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	N. FT. MYERS, FL.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May be Added to Fees
24	Zip 33903	Country USA	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SOTOLONGO, JAMES
11501 HAMPTON GREENS DRIVE
FT. MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name **LENDRA WELCH**
82 Street Address (P.O. Box Number is Not Acceptable) **14030 N. CLEVELAND AVE.**
83
84 City **N. FT. MYERS** FL 85 Zip Code **33903**

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 *Lenora Welch*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/01/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT / SECRETARY
NAME	SOTOLONGO, JAMES	1.2 NAME	SHAWN SOTOLONGO
STREET ADDRESS	11501 HAMPTON GREENS DRIVE	1.3 STREET ADDRESS	11501 HAMPTON GREENS DR.
CITY-ST-ZIP	FT. MYERS FL 33913	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33913
TITLE	D	2.1 TITLE	VP / TREASURER
NAME	SOTOLONGO, SHAWN	2.2 NAME	JIM SOTOLONGO
STREET ADDRESS	11501 HAMPTON GREENS DRIVE	2.3 STREET ADDRESS	11501 HAMPTON GREENS DR.
CITY-ST-ZIP	FT. MYERS FL 33913	2.4 CITY-ST-ZIP	FT. MYERS, FL. 33913
TITLE	P	3.1 TITLE	
NAME	BINNIX, ROBERT	3.2 NAME	
STREET ADDRESS	2818 SE 28 PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jim Sotolongo* **09/01/97** **(941) 997-9119**

CR2E034 (4/97)