FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010523 (6)

BRUNSWICK ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5827 CORPORATION CIRCLE

5827 CORPORATION CIRCLE

FILED May 08 1997 8:00am Secretary of State



FORT MYERS FL 33905		FORT MYERS FL 33905-5014			
				3. Date Incorporated or Qualified 02/09/1994	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	0 1 10	4. FEI Number	Applied For
<u> عالم ما 21</u>		126 G26 MOH	o Mantation Ko	65-0465137	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	muers, Elorida	City & State	S.FLorida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 339V	Country 25	29 3331 A	Country 30		Yes No
	9. Name and Address of Current	Registered Agent	81 Namo	10. Name and Address of New Reg	jistered Agent
5827	NSWICK, ROGER M CORPORATION CIRCLE T MYERS FL 33905			ress (P.O. Brix Number is Not Acceptant	100 Read FL 85 23912
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registeriou agent.		ules, the above-named corporate authorized by the corporate for da Statutes	poration submits this statement for the p tion's board of directors. I hereby accept and when reinsteady)	urpose of changing its registered the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 + 117LE		Change Addition
NAME STREET ADDRESS	BRUNSWICK, ROGER M 3780 CRACKER WAY		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY - ST - 7IP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	BRUNSWICK, ANITA F		2.2 NAME		
STREET ADDRESS	3780 CRACKER WAY		2.3 STREET ANDRESS	- -*	•
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET AUDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	-,	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETÉ	5.1 TIFLE		Change Addition
NAME			5.2 NAME.		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME		End Persile	6 2 NAME		
			Ji		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	a codific that the information a unclied		6.4 CITY - ST - ZIP	His Contino 110 07(9)/i) Florida Ctatutas	I finished modification the

information indicated on this antibal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

chilaz 9111 278 0052