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PROFIT CORPORATION ANNUAL REPORT **1996**

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

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96 SEP 20 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023576 (9)

1. Corporation Name
THE CHAMPIONS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 6700~~ ~~6100 ESTERO BLVD.~~ ~~FT. MYERS BEACH FL 33932~~ US	FELDMAN & FELDMAN P.A. 500 NE SPANISH RIVER BLVD., #205 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business	2a. Mailing Address
21 13651 Gannet Drive	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT MYERS, FL	28 City & State
24 Zip: 33908 25 Country	29 Zip 30 Country

4. FEI Number: 65-0479437 — Applied For / Not Applic
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

9. Name and Address of Current Registered Agent

~~COTTER, RICHARD T~~
~~ECHOLS, COTTER & SHENKO~~
~~6100 ESTERO BLVD.~~
~~FT. MYERS BEACH FL 33932-2579~~

10. Name and Address of New Registered Agent

91 Name: Mindy A. Feldman C.P.A.
92 Street Address (P.O. Box Number is Not Acceptable): 500 NE Spanish River Blvd
93: Suite 205
94 City: Boca Raton FL 95 Zip Code: 334[illegible]

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: Mindy A Feldman Mindy A Feldman 4/1/96 9/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MYERS, ELIZABETH F ~~6100 ESTERO BLVD.~~ FORT MYERS FL 34619	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Add 13631 Gannet Drive FT MYERS FL 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Add 600001968346 -10/08/96--01155--016 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add JB 10-3-96

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)(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: X Elizabeth F Myers 9/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date