FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:14
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000031631 (2)

1. Corporation Name

INVESTMENT CONSULTANTS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
1303 HOMESTEAD RD. NORTH LEHIGH ACRES FL 33970	1303 HOMESTEAD RD. NORTH LEHIGH ACRES FL 33970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 12670 New Brittany
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Blvd Ste 101
23 City & State	28 City & State Ft. Myers FL
24 Zip / 25 Country	29 Zip 33907 / 30 Country Lee

4. FEI Number: 65-0492482 — Applied For / Not Applicable
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	10. Name and Address of New Registered Agent
COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33907	81 Name: Robert D. Royohn Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 12670 New Brittany Blvd. 83 #101 84 City: Ft. Myers FL 85 Zip Code 33907

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 s. 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☑ Addition
NAME	Gunter Gruetzner	1.2 NAME	
STREET ADDRESS	1303 Homestead Rd. N	1.3 STREET ADDRESS	
CITY, ST, ZIP	Lehigh Acres, FL 33970	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	VP ☐ Change ☑ Addition
NAME		2.2 NAME	Willi Schwarzmeier
STREET ADDRESS		2.3 STREET ADDRESS	~~12669~~ 1303 Homestead Rd N
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Lehigh Acres, FL 33970
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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: Willi Schwarzmeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 813-369-1989
Date / Daytime Phone #

0334761 CP