

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031631

1. Corporation Name
INVESTMENT CONSULTANTS OF LEE COUNTY, INC.

Principal Place of Business

237 JOEL BLVD
SUITE 102
LEHIGH ACRES FL 33972
US

Mailing Address

12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT
12670 NEW BRITTANY BLVD.
#101
FORT MYERS FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUETZNER, GUNTER	1.1 TITLE
STREET ADDRESS	237 JOEL BLVD	1.2 NAME
CITY-ST-ZIP	LEHIGH ACRES FL 33972	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZMEIER, WILLI	2.1 TITLE
STREET ADDRESS	237 JOEL BLVD	2.2 NAME
CITY-ST-ZIP	LEHIGH ACRES FL 33972	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Willi Schwarzmeyer, WILLIARD SCHWARZMEIER* 3-30-99 941-361-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)