

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PH 2: 51

DOCUMENT # P94000031786 (4)

1. Corporation Name

IFWT, INC.

Principal Place of Business

8841-107 COLLEGE PARKWAY
FORT MYERS FL 33919

Mailing Address

8841-107 COLLEGE PARKWAY
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26. 16601 ST IVES CT.

27. Suite, Apt. #, etc.

28. Ft. MYERS FL

29. Zip

33912

Country

4. FEI Number

65-0484690

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

ALLEN, LOUISE J
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPST
SZELEST, FRANK JR.
8841-107 COLLEGE PARKWAY
FORT MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DV
STABILE, LEROY J
239 HAZEL AVE.
NILES OH 44446

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DV
AMBROSIA, RONALD F
% 1045 TIFFANY SOUTH
POLAND OH 44514

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DV
SHAMROCK, MARK A
926 BOWMAN ST.
NILES OH 44446

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DV
PERONE, JOSEPH C
1536 GREENWOOD AVE.
GIRARD OH 44420

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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:

FRANK SZELEST, JR. PRESIDENT

3/2/95

813-489-0444

(Signature, typed or printed name of signing officer or director)