

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000031786 (4)

1. Corporation Name
IFWT, INC.



Principal Place of Business
8841-107 COLLEGE PARKWAY
FORT MYERS FL 33919

Mailing Address
6801 ST IVES CT.
FT. MYERS FL 33912
US

3. Date Incorporated or Qualified 04/27/1994
3a. Date of Last Report 03/08/1995

2. Principal Place of Business

21 13241-101 UNIVERSITY DR

Suite, Apt. #, etc.

22 City & State

23 FT MYERS FL

24 Zip 33907

Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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, if applicable)

Signature typed or printed (Name of Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK Szelest, Jr.

7/29/90

941-489-0444

CR2E034 (12/95)