

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # P94000031786 (4)

1. Corporation Name

IFWT, INC.

Principal Place of Business  
13241-101 UNIVERSITY DR  
FORT MYERS FL 33907  
US

Mailing Address  
6601 ST IVES CT.  
FT. MYERS FL 33912-7501  
US



3. Date Incorporated or Qualified  
04/27/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SZELEST, FRANK JR.	
STREET ADDRESS	8841-107 COLLEGE PARKWAY	
CITY- ST- ZIP	FORT MYERS FL 33910	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STABLE, LEROY J	
STREET ADDRESS	239 HAZEL AVE.	
CITY- ST- ZIP	NILES OH 44448	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	AMBROSIA, RONALD F	
STREET ADDRESS	% 1045 TIFFANY SOUTH	
CITY- ST- ZIP	POLAND OH 44514	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAMROCK, MARK A	
STREET ADDRESS	926 BOWMAN ST.	
CITY- ST- ZIP	NILES OH 44448	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PERONE, JOSEPH C	
STREET ADDRESS	1536 GREENWOOD AVE.	
CITY- ST- ZIP	GIRARD OH 44420	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13241-101 UNIVERSITY DR.
1.4 CITY- ST- ZIP	F+MYERS FL 33907
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97

941-489-0444  
Daytime Phone #

CR2E034 (9/96)