

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90084 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000031786**

1. Corporation Name  
**IFWT, INC.**

Principal Place of Business

13241-101 UNIVERISTY DR  
FORT MYERS FL 33907  
US

Mailing Address

6601 ST IVES CT.  
FT. MYERS FL 33912  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1994**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

**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** ☐ DELETE  
NAME **SZELEST, FRANK JR.**  
STREET ADDRESS **13241-101 UNIVERSITY DR**  
CITY-ST-ZIP **FT MYERS FL**

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**FRANK SZELEST, JR., President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-99**  
Date

**941-489-0444**  
Daytime Phone #

CR2E034 (11/98)