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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90026 043 ***150.00

DOCUMENT # P94000062526

1. Corporation Name

AMERICAN FLEA MARKET OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

12995 S. CLEVELAND AVE.
SUITE 219
FORT MYERS FL 33907
US

Mailing Address

12995 S. CLEVELAND AVE.
SUITE 219
FT MYERS 33 33907
US

2. Principal Place of Business

21 12995 S. CLEVELAND AVE

2a. Mailing Address

26 12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

22 SUITE 251

Suite, Apt. #, etc.

27 SUITE 251

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33907 25 US

Zip

29 33907 30 US

9. Name and Address of Current Registered Agent

LEFFINGWELL, THOMAS W
12995 S CLEVELAND AVE
SUITE 219
FT MEYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

LEFFINGWELL THOMAS W.

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

12995 S. CLEVELAND AVE SUITE 251

83

SUITE 251

84 City

FORT MYERS

FL

85 Zip Code

33907

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

THOMAS W. LEFFINGWELL

THOMAS W. LEFFINGWELL

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
LOWELL, HARRY M
STREET ADDRESS 12995 S. CLEVELAND AVE. SUITE 219
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME P

1.3 STREET ADDRESS LOWELL, HARRY M

1.4 CITY-ST-ZIP 12995 S. CLEVELAND AVE SUITE 251

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME FORT MYERS, FL 33907

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)