

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 94000065119 (F)

1. Corporation Name

FM Properties of SW Florida Inc.

Principal Place of Business

Mailing Address

617 Clayton Ave.
Lehigh Acres, FL
33936

SAME

3. Date Incorporated or Qualified
09-06-94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

6371-4 Presidential Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

Fort Myers, FL

23

28

Zip

Country

Zip

Country

33919

Lee

24

29

30

4. FEI Number

65-0593226

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

10. Name and Address of New Registered Agent

Guðrun M. Nickel, P.A.
350 5th Avenue, South
#200
Naples, FL 33940

81 Name

Richard R. Ricciani, CPQ

82 Street

6371-4 Presidential Ct.

83

84 City

Fort Myers,

FL

85 Zip Code

33919

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

Richard R. Ricciani
Signature typed or printed name of registered agent and title if applicable

RICHARD R. RICCIANI

5/14/96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSTD

☐ DELETE

NAME

Moosmayer, Fritz

STREET ADDRESS

617 Clayton Ave.

CITY - ST - ZIP

Lehigh Acres, FL

NAME

33936

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

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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

Date

Daytime Phone #

5-1496-94482-3535

CR2E034 (12/95)