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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065119 (7)

FM PROPERTIES OF SW FLORIDA, INC.

Principal Place of Business Mailing Address

FILED May 09 1997 8:00am Secretary of State



617 CLAYTON AVENUE LEHIGH ACRES FL 33936			6371-4 PRESIDENTIAL CT. FORT MYERS FL 33919-3548				
					3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last F 05/21/1996	Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For
21		26			65-0593226	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution	,	to Fees
Zip	Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	•	Florida Statutes Yes No		
<u></u>	9. Name and Address of Curre		_ <u></u>		10, Name and Address of New Reg	gistered Agent	
RICC	CIANI, RICHARD R			81 Name			
6371-4 PRESIDENTIAL CT.			ļ				
	T MYERS FL 33919		1	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
ryn	I MIEUO LE COSIS		1	63			
				•			
				84 City		FLIT	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Statute of Florida. Such change was igations of, Section 607.0505, F	ites, the ab authorized lorida Stati	ove-named con by the corpora ites.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing it the appointment as	its registered 3 registered
SIGNATURE							
	Signature, typed or printed name of registered a			Agent signature requ	uirco when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 12
12.	PSTD OFFICERS A	ND DIRECTORS DELETE	13.	T	ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE		[] DELETE	1.1 111			change	[Noalton
NAME	MOOSMAYER, FRITZ		1.2 NA				
STREET ADDRESS	617 CLAYTON AVENUE		1,3 \$1	REET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			IY-S1-ZIP			
TITLE		☐ DELETE	2.1 TH	LE		Change	Addition
NAME			2.2 NA	ME			
STREET ADDRESS	1		2.3 \$1	REET ADDRESS			i
CITY-ST-ZIP			2 4 CI	1Y-S1-ZIP			
TITLE		☐ DELF1E	3 1 711	LE		Change	Addition
NAME			3.2 NA	ME			Ì
STREET ADDRESS	l .		3381	REE1 ADDRESS			
CITY-ST-ZIP			3 4. CI	1Y - ST - ZIP			
TITLE		DELETE	4 1 70	LF		☐ Change	Addition
NAME			4 2 N	AME			
STREET ADDRESS			4351	REET ADDRESS			
CITY-ST-ZIP			4 4 CI	IY-\$T-ZIP			
TITLE		DELETE	5 1 T)	ILE		Change	Addition
NAME			5.2 NA	IME]			
STREET ADDRESS	1		5.3 \$1	REET ADDRESS			
CITY-ST-ZIP				1Y-S1-ZIP			
TITLE		DELETE	6.1 TC			Change	☐ Addition
NAME	1	_	6.2 N				
l .	1			REET ADDRESS			
STREET ADDRESS							1
CITY-ST-ZIP			6.4 C1	1Y - S1 - 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 logal 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 a trustee that an address.

11 / 19/197