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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500009863 (8)

CAPE COUNSELING SERVICES OF SOUTHWEST FLORIDA, I

Principal Place of Business Mailing Address								* (************************		18 18181 191 <u>1</u> 8 811	AND MAINTENANT
1222 SE 47TH	I ST.		1222 SE	1222 SE 47TH ST.							
#105			#105					DO NOT WRITE IN THIS SPACE			
CAPE CORAL FL 33904			CAPE CO	CAPE CORAL FL 33904				3. Date Incorporated or Qualified			
								02/06/1995	•		
2. Principal P	lace of Busin	ess	2a, Mailing	g Address				4. FEI Number		TA	pplied For
21			26	26				65-0577617		<u> </u>	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22			27	27				5. Certificate of Status Desired Fee Required			
City & State	е		City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
	Zip Country			Zip Count				8. This corporation owes or has paid the current year Intangible			
24		25	[29]					Personal Property Tax due Jur			
		and Address of Curr	ent Registered A	gent		B1		10. Name and Address of New F	registered	Agent	
	Ker, Helei					"	Name				
	22 SE 47TH	I ST.				B2 Street Addre		ress (P.O. Box Number is Not Accept	able)		
# 105											 _
CAI	PE CORAL	FL 33904			'	ВЭ					
					ļī	B4	City			85 Zip	Code
			100 - 1007-1100						FL		
office or re	egistered ag	ent, or Sections 607.0 ent, or both, in the Sta th, and accept the ob	ite of Florida. Suci	h change was	authorized	by	the corporati	poration submits this statement for the tion's board of directors. I hereby acc	ept the ap	oointment as	registered
SIGNATURE											
	Signature, typed	or printed name of registered					n) signature require	red when reinstating)	DATE		
12.		OFFICERS #	ND DIRECTORS	DELETE	13.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR Change	RS IN 12
	DAVED	MELEN C		L.J DULLIE	11 111					Change	LI ADDIRON
NAME		HELEN E			1.2 NAA						
STREET ADDRESS		47TH ST. #105					ADDRESS				
CITY-ST-ZIP TITLE	UMPE U	ORAL FL 33904		DELETE	1.4 CiTY 2.1 TiTL		- ZIP			Change	Addition
NAME				t outli	2.1 U/L			•	. *	□ organge	Nancon
							*000000				
STREET ADDRESS CITY-ST-ZIP					2.3 STR		ADORESS	·			
TITLE			· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 CH		1-11			Change	Addition
NAME	1				3.2 NAN		ĺ				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					3.4. CIT						
TITLE	.,			DELETE	4.1 1(TL					Change	Addition
NAME	F				4. 2 NA		ĺ				
STREET ADDRESS							AODRESS				
CITY-ST-ZIP					4.4 City						
TITLE				DELETE	5.1 TITL					Change	Addition
NAME					5.2 NAN					•	
STREET ADDRESS					•		ADDRESS				
CITY-ST-ZIP					5.4 CITY		l l				
TITLE				DELETE	6.1 TiTL		-"			Change	☐ Addition
NAME					6.2 NAM		1				
STREET ADDRESS							ADDRESS				
omi or be					V.5 (1h)						

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.

SIGNATURE Thelan Bakes.

4/14/98

941-945-0337

FILED

Apr 22 1998 8:00am

Secretary of State

;R2E034 (10/97)