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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000012383 (2)

1. Corporation Name

RS - COSMOPOLITAN RESIDENCE, INC.



Principal Place of Business

904 LEE BLVD.
SUITE 102/103
LEHIGH ACRES FL 33936

Mailing Address

904 LEE BLVD.
SUITE 102/103
LEHIGH ACRES FL 33936-4953

3. Date Incorporated or Qualified
02/14/1995

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 20 Cosmopolitan Drive

Suite, Apt. #, etc.

22 Unit #4

City & State

23 Lehigh Acres

Zip

24 FL

Country

25 33936

2a. Mailing Address

26 (same)

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0571954

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

MYERS, GAREY F
C/O HUMPHREY & KNOTT, PA
1625 HENDRY ST, POBOX 2449
FT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name

Garcy F. Butler

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

c/o Humphrey & Knott PA

83

1625 Hendry St.

84 City

Ft Myers

FL

85 Zip Code

33901

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

Garcy F. Butler

March 24, 1997

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 PD ☐ DELETE
NAME SCHROLL, ROBERT
STREET ADDRESS 904 LEE BLVD., STE 102/103
CITY-ST-ZIP LEHIGH ACRES FL

TITLE DVP ☐ DELETE
NAME WITTMANN, WILHELM
STREET ADDRESS 904 LEE BLVD., STE 102/103
CITY-ST-ZIP LEHIGH ACRES FL

TITLE S ☐ DELETE
NAME JACOB, MARTINA
STREET ADDRESS 904 LEE BLVD., STE 102/103
CITY-ST-ZIP LEHIGH ACRES FL

TITLE T ☐ DELETE
NAME WITTMANN, INGRID
STREET ADDRESS 904 LEE BLVD., STE 102/103
CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition
1.2 NAME Schroll Robert
1.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4
1.4 CITY-ST-ZIP Lehigh Acres, FL 33936

2.1 TITLE D.V.P. ☒ Change ☐ Addition
2.2 NAME Wittmann, Wilhelm
2.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4
2.4 CITY-ST-ZIP Lehigh Acres, FL 33936

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME JACOB, Martina
3.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4
3.4 CITY-ST-ZIP Lehigh Acres, FL 33936

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Wittmann, Ingrid
4.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4
4.4 CITY-ST-ZIP Lehigh Acres, FL 33936

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 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 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

941-369-1710

Daytime Phone #

CR2E034 (9/96)