

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 01 1998 8:00am
Secretary of State

DOCUMENT # P95000048473 (9)

1. Corporation Name

FAMILY VENTURES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

PATIO CONCEPTS
14680 S TAMiami TRAIL
FT. MYERS FL 33908
US

PATIO CONCEPTS
610 CENTER RD
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0591449

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLYDE KURLANDER
3510 WILD INDIGO LN
BONITA SPRINGS FL 33923

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KURLANDER, CLYDE
STREET ADDRESS 2500 TAMiami TRAIL NORTH #112
CITY-ST-ZIP NAPLES FL 33940

11 TITLE C.O.O. - D ☐ Change ☒ Addition

12 NAME FRANK BONALLI
13 STREET ADDRESS 705 MAIN SAIL DR.
14 CITY-ST-ZIP N. NAPLES FL. 33940 39110

TITLE D ☐ DELETE

NAME KURLANDER, JOY B
STREET ADDRESS 2500 TAMiami TRAIL NORTH #112
CITY-ST-ZIP NAPLES FL 33940

21 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME STANEK, GERALD D.
STREET ADDRESS 2284 CHANDLER AVENUE
CITY-ST-ZIP FT. MYERS FL

22 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME STANEK, JULIANNE
STREET ADDRESS 2284 CHANDLER AVENUE
CITY-ST-ZIP FT. MYERS FL

23 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

24 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

25 NAME ☐ Change ☐ Addition

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.

CR2E034 (10/97)