

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000048665 (0)**

1. Corporation Name
IGUANA MIA OF FT. MYERS, INC.



Principal Place of Business: **4411 CLEVELAND AVE FT MYERS FL 33901**
Mailing Address: **4411 CLEVELAND AVE FT MYERS FL 33901**

3. Date Incorporated or Qualified: **06/16/1995**
3a. Date of Last Report: **FIRST REPORT**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 65-0590170	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country				

9. Name and Address of Current Registered Agent

**GARGANO, ANTHONY J
1520 ROYAL PALM SQUARE BLVD
SUITE 260
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGESCHULTE, DAVID L	1.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHERTON, DIRK	2.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PAUL LYNCH
STREET ADDRESS		3.3 STREET ADDRESS	5745 SANDPIPER PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JULIAN PRIETO
STREET ADDRESS		4.3 STREET ADDRESS	1811 S.E. 19TH LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TERRY BROWNER
STREET ADDRESS		5.3 STREET ADDRESS	77 SOUTH BIRCH RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33916
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ Date: **4/25/96** Telephone: **941-275-6339**

CR2E034 (12/95)