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FILED

**Apr 10 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 # 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 33901-9011**

3. Date Incorporated or Qualified: **06/16/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **4329 CLEVELAND AVE.**
2a. Mailing Address

4. FEI Number: **65-0590170**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **621**
27. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **FT. MYERS, FL**
28. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33901** Country: **USA**
29. Zip: Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (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
NAME	LAGESCHULTE, DAVID L	
STREET ADDRESS	4411 CLEVELAND AVE	
CITY - ST - ZIP	FT MYERS FL 33901	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ATHERTON, DIRK	
STREET ADDRESS	4411 CLEVELAND AVE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LYNCH, PAUL	
STREET ADDRESS	5745 SANDPIPER PL	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIETO, JULIAN	
STREET ADDRESS	1811 SE 19TH LANE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D BRAWNER	<input type="checkbox"/> DELETE
NAME	BRAWNER, TERRY	
STREET ADDRESS	77 S BIRCH RD	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D BRAWNER, TERRY
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: _____ **4/3/97** **941-775-6337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)