

DOCUMENT # P95000048665
Entity Name
IGUANA MIA OF FT MYERS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90948 036 ***150.00

Principal Place of Business
4329 Cleveland Ave
#521
FT MYERS, FL 33901

Mailing Address
4411 Cleveland Ave
FT MYERS, FL 33901

100834

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite. Apt. #. etc.
City & State
Zip Country

3. Mailing Address
Suite. Apt. #. etc.
City & State
Zip Country

4. FEI Number
65-0590170

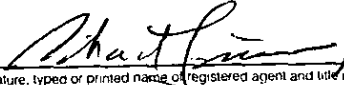
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARGANO, ANTHONY
2075 W FIRST ST
STE 203
FT MYERS, FL 33901

7. Name and Address of New Registered Agent
Name RICHARD J SIMEONE
Street Address (P.O. Box Number is Not Acceptable)
436 S. ANDREWS AVE
City FT LAUD FL Zip Code 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  RICHARD J. SIMEONE 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

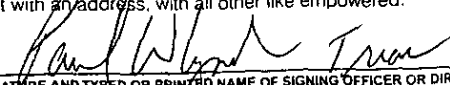
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCEO	LAGESCHULTE, DAVID	4411 Cleveland Ave FT MYERS, FL 33901	<input type="checkbox"/>
	DST	LYNCH, PAUL	4411 Cleveland Ave FT MYERS, FL 33901	<input type="checkbox"/>
	DP	BROWNER, TERRY	4411 Cleveland Ave FT MYERS, FL 33901	<input type="checkbox"/>
	PD	ATHERTON, DIRK	4411 Cleveland Ave FT MYERS, FL 33901	<input type="checkbox"/>
	D	PRIETO, JULIAN	4411 Cleveland Ave FT MYERS, FL 33901	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/21/00 941-275-6379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #