

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051751 (2)

1. Corporation Name

RSJ OF LEE COUNTY, INC.



Principal Place of Business

Mailing Address

9290 SAN CARLOS BLVD.
FORT MYERS FL 33912

9290 SAN CARLOS BLVD.
FORT MYERS FL 33912

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report

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

WEEDEN, SUSAN C
%SMOOT, ADAMS, EDWARDS & GREEN, P.A.
12800 UNIVERSITY DR.
FORT MYERS FL 33907

81 Name

Despres, Susan C.

82

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

c/o Smoot, Adams, Edwards & Green, P.A.

83

12800 University Drive

84

City

Ft. Myers,

FL

85

Zip Code

33907

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

Susan C Despres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WEEDEN, SUSAN C
9290 SAN CARLOS BLVD.
FORT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
D
Despres, Susan C.
9290 San Carlos Blvd.
Ft. Myers, FL 33912

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
DELETED

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
DELETED

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
DELETED

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
DELETED

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
DELETED

XXX Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan C Despres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96

DATE

Daytime Phone #

CR2E034 (3/96)