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CORPORATION ANNUAL REPORT

1996

BUCKEL, ROBERT M ESQ.

NAPLES FL 33940

POTER, WRIGHT, MORRIS & ARTHUR

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CELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000062001	(9)
1. Corporation Name		` '

A SIGNHT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address **B798 COMMERCE DRIVE** 8798 COMMERCE DRIVE **BONITA SPRINGSS FL 33923 BONITA SPRINGSS FL 33923** 3. Date Incorporated or Qualified 08/10/1995 3a. Date of Last Report 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 65-0611331 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees

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24 25 29 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent 81 Denton Newland 82 27050 MOTA

Country

30

Street Address (P.O. Box Number is Not Acceptable 27080 Mora

Florida Statutes

8. This corporation has liability for intangible tax under s. 199.032,

X Yes □ No

4501 TAMIAMITHAIL NORTH, SUITE 400 Bonita Foring, FI 83

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submit of its state of the purpose of changing its registered office or registered agent, or tooth, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am SIGNATURE

SIGNATURE	Figuration, typod or printed name, of registered agent and this diag		L. Registered Agent signature requires	Parties renistating
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT;E	D	☐ DELETE	1 1 Title	Change Addition
NAME	NEWLAND, DENTON		1.2 NAME	
STREET ADDRESS	8798 COMMERCE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADORESS	}
CITY-ST-ZIF			2.4 City - St - ZiP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - S1 - ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHTY - ST - ZIP			4.4 CHY+ST+ZIP	
TI*LE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADOPESS	
CITY - ST - ZIP			5.4 CITY-S1-ZIP	
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STHEET ADDRESS	
CITY-ST-ZIP			6.4 CHY+ST-ZIP	

14. I do hereby certify that the information supplied with this fing 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 office 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

SIGNATURE:

Denton Newland

Applied For

Not Applicable