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May 08 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 # P95000073567 (6)
1. Corporation Name
PROPERTY INVESTMENTS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
3049 CLEVELAND AVE. SUITE 106
FT MYERS FL 33901

Mailing Address
3049 CLEVELAND AVE. SUITE 106
FT MYERS FL 33901-7049

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report
08/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2701 CLEVELAND AVE	26 2701 CLEVELAND AVE	65-0606301	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE 9	27 SUITE 9	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 FT MYERS FL	28 FT MYERS FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33901	25 LEE		
	29 33901		
	30 LEE		

9. Name and Address of Current Registered Agent

SINIBALDI, DEAN A SR
3049 CLEVELAND AVE, SUITE 106
FT MYERS FL 33901

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	SINIBALDI, DEAN A SR	1.2 NAME	VICE PRES
STREET ADDRESS	3049 CLEVELAND AVE, SUITE 106	1.3 STREET ADDRESS	SECRET
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	11501
TITLE		2.1 TITLE	DEAN SINIBALDI
NAME		2.2 NAME	2701 CLEVELAND AVE
STREET ADDRESS		2.3 STREET ADDRESS	SUITE 9 FT MYERS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, trustee, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0395948

CR2E034 (9/96)