

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name: **JOHN MICHAELS OF FORT MYERS, INC.**

Principal Place of Business 16520 S. TAMiami TR. #17 FT. MYERS FL 33908 US		Mailing Address 16520 S. TAMiami TR. #17 FT. MYERS FL 33908-4521 US		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 10/18/1995</div> <div>3a. Date of Last Report 05/01/1996</div> </div>																																																																																																													
2. Principal Place of Business		2a. Mailing Address		<div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 65-0344957</div> <div>Applied For <input checked="" type="checkbox"/> Not Applicable</div> </div>																																																																																																													
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
24. 25.		29. 30.																																																																																																															
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent																																																																																																													
GLORIOSO, JOHN M 1413 CAPE CORAL PKWY. CAPE CORAL FL 33904				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: _____																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 5%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td colspan="2">GLORIOSO, JOHN M</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1413 CAPE CORAL PKWY.</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">CAPE CORAL FL 33904</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> DELETE	NAME	GLORIOSO, JOHN M		STREET ADDRESS	1413 CAPE CORAL PKWY.		CITY - ST - ZIP	CAPE CORAL FL 33904		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			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 type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		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	
TITLE	D	<input type="checkbox"/> DELETE																																																																																																															
NAME	GLORIOSO, JOHN M																																																																																																																
STREET ADDRESS	1413 CAPE CORAL PKWY.																																																																																																																
CITY - ST - ZIP	CAPE CORAL FL 33904																																																																																																																
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> DELETE																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
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 type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																
5.2 NAME																																																																																																																	
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 on an attachment with an address.																																																																																																																	
SIGNATURE: _____ SIGNATURE REQUIRED <i>John M. Glorioso</i> 4-18-97 941-482-2099 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	