

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000096234 (6)

1. Corporation Name

FINANCIAL SERVICES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1419 S.E. 8TH TERRACE
CAPE CORAL FL 33980

Mailing Address

1419 S.E. 8TH TERRACE
CAPE CORAL FL 33980

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 1850 Boy Scout Dr.

27 Suite, Apt. #, etc

28 Ft Myers, FL

29 Zip Country

30 Lee

3. Date Incorporated or Qualified
12/20/1995

3a. Date of Last Report

4. FFI Number
65-0633717

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

DANTON, VICTORIA
1419 S.E. 8TH TERRACE
CAPE CORAL FL 33980

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and principal officer

(If the Registered Agent is just being replaced, no signature required)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DOSORETZ, DANIEL E MD
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33980

DELETE

TITLE D
NAME SHERIDAN, HOWARD M MD
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33980

DELETE

TITLE D
NAME RUBENSTEIN, JAMES H MD
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33980

DELETE

TITLE D
NAME KATIN, MICHAEL J MD
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33980

DELETE

TITLE D
NAME BLITZER, PETER H MD
STREET ADDRESS 1419 S.E. 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33980

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

500001881045
-07/02/96--01013--043
***200.00

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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL E. DOSORETZ

Date

Signature Printed

CR2E034 (12/95)