FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** May 27 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** Secretary of State 1998 **DOCUMENT #** FINANCIAL SERVICES OF SOUTHWEST FLORIDA, INC. OF 1 1011 DO 105 W. ------Principal Place of Business Mailing Address 1860 Boyscout Drive 1850 BOYSCOUT DR. Fort Myers, F1. 33907 DO NOT WRITE IN THIS SPACE FT. MYER\$ FL 33907 3. Date Incorporated or Qualified 12/20/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 65-0633717 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANTON, VICKY 1419 SE 8TH TER 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 64 City 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 punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE DORSORETZ, DANIEL E MD NAME 1.2 NAME 1850 BOY SCOUT DR #102 STREET ADORESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZR 1.4 CITY-ST-ZIP DELETE Addition TITLE Change 2.1 TITLE KATIN, MICHAEL J MD NAME 2.2 NAME 1850 BOY SCOUT DR STE 102 STREET ADDRESS 23 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2 4 CITY-ST-2IP DELETE TITLE Change Addition 3.1 TITLE BILTZER, PETER H MD NAME 3.2 NAME 1850 BOY SCOUT DR STE #102 STREET ADDRESS **33 STREET ADDRESS** FT MYERS FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RUBENSTIEN, JAMES H MD 4 2 NAME 1850 BOY SCOUT DR STE 102 STREET ADDRE 4 3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Change TITLE Addition 5.1.10TE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS City-St-7IP 5.4 CITY - ST - 7IP DELETE Change HILE 61 11111 300002538223 -05/28/98--01015--005 HAME 6.2 NAME

14. Thereby 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 trustree employeed 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.

63 STREET ADDRESS

6.4 CITY - ST - ZIP

***150.00

SIGNATURE:

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

0424140