

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013900 (1)

1. Corporation Name

RESULTS, INC. OF FORT MYERS



Principal Place of Business

11668 MAHOGANY RUN
FT. MYERS FL 33913

Mailing Address

11668 MAHOGANY RUN
FT. MYERS FL 33913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same as Above		26 Same as Above		02/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0642863	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year Intangible	
28		33		Personal Property Tax due June 30.	
29		34		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30		35		9. Name and Address of Current Registered Agent	
31		36		10. Name and Address of New Registered Agent	
32		37		81 Name	
33		38		82 Street Address (P.O. Box Number is Not Acceptable)	
34		39		83	
35		40		84 City	
36		41		FL 85 Zip Code	
37		42		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	
38		43		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	
39		44		agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
40		45		SIGNATURE	
41		46		Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
42		47		DATE	
43		48		12. OFFICERS AND DIRECTORS	
44		49		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
45		50		1.1 TITLE	
46		51		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
47		52		1.2 NAME	
48		53		1.3 STREET ADDRESS	
49		54		1.4 CITY - ST - ZIP	
50		55		2.1 TITLE	
51		56		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52		57		2.2 NAME	
53		58		2.3 STREET ADDRESS	
54		59		2.4 CITY - ST - ZIP	
55		60		3.1 TITLE	
56		61		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
57		62		3.2 NAME	
58		63		3.3 STREET ADDRESS	
59		64		3.4 CITY - ST - ZIP	
60		65		4.1 TITLE	
61		66		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62		67		4.2 NAME	
63		68		4.3 STREET ADDRESS	
64		69		4.4 CITY - ST - ZIP	
65		70		5.1 TITLE	
66		71		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
67		72		5.2 NAME	
68		73		5.3 STREET ADDRESS	
69		74		5.4 CITY - ST - ZIP	
70		75		6.1 TITLE	
71		76		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
72		77		6.2 NAME	
73		78		6.3 STREET ADDRESS	
74		79		6.4 CITY - ST - ZIP	
75		80		14. I 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	
76		81		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	
77		82		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	
78		83		Block 12 or Block 13 if changed, or on an attachment with an address.	
79		84		SIGNATURE: Elizabeth Allen	
80		85		4/30/98 9417685779	

CR2E034 (10/97)