

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

**APPROVED  
AND  
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1997 JUN 23 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000017213 (5)**  
 1. Corporation Name  
**K G PROPERTIES OF S.W. FLORIDA, INC.**



Principal Place of Business <b>6035 ESTERO BLVD., #1 FT. MYERS BEACH FL 33931</b>	Mailing Address <b>6035 ESTERO BLVD., #1 FT. MYERS BEACH FL 33931-4348</b>
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3. Date Incorporated or Qualified <b>02/23/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0645313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>17843 San Carlos Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>17843 San Carlos Blvd</b> Suite, Apt. #, etc.
22 City & State 23 <b>Ft Myers Bch, FL</b>	27 City & State 28 <b>Ft. Myers Bch, FL</b>
24 Zip <b>33931</b>	25 Country <b>USA</b>
29 Zip <b>33931</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**DOMINIC, STEVEN**  
~~6035 ESTERO BLVD., #1~~ **17843 San Carlos Blvd.**  
**FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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)

12. OFFICERS AND DIRECTORS

TITLE	<b>Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Steve Dominic</b>	
STREET ADDRESS	<b>17843 San Carlos Blvd</b>	
CITY-ST-ZIP	<b>Ft Myers Bch, FL 33931</b>	
TITLE	<b>V. Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Kimberly Dominic</b>	
STREET ADDRESS	<b>17843 San Carlos Blvd</b>	
CITY-ST-ZIP	<b>Ft Myers Bch, FL 33931</b>	
TITLE	<b>Pres</b>	<input type="checkbox"/> DELETE
NAME	<b>Steve Dominic</b>	
STREET ADDRESS	<b>17843 San Carlos Blvd.</b>	
CITY-ST-ZIP	<b>Ft Myers Bch, FL 33931</b>	
TITLE	<b>Sec.</b>	<input type="checkbox"/> DELETE
NAME	<b>Kimberly Dominic</b>	
STREET ADDRESS	<b>17843 San Carlos Blvd.</b>	
CITY-ST-ZIP	<b>Ft Myers Bch, FL 33931</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500002223295--8</b>
1.3 STREET ADDRESS	<b>-06/25/97--01120--024</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
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	

**WSD 6/23/97**

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.

CR2E034 (9/96)