Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90012 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000025332

1. Corporation Name

	OF FORT MYERS, INC.					ì			
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Principal Place	e of Business	Mai	iling Address				111 29 111 39 110 1		
16369 S. TAMIA	AMI TRAIÌ	1636	69 S. TAMIAMI TRAIL						
FORT MYERS F			IT MYERS FL 33908					<u> </u>	
į						DO NOT WRI	TE IN THIS	SPACE	
:						3. Date Incorporated or Qualifed 03/18/1996		-	
			A 19 T 11 .			4. FEI Number			autical Con
	Place of Business -	\vdash	Mailing Address					<u> </u>	oplied For
21		26	0 11 11 11 1			65-0653021			ot Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
22		27	0: 4.0: /				•		-
City & Stat	le		City & State			6. Election Campaign Financing			May Be to Fees
23		28	7:-	<u> </u>		Trust Fund Contribution			to rees
Zip ,	Country	-	Zip	Count	ıy	8. This corporation owes the curr	ent year int	angible ∐Yes	□No
24	25	29		30	.	Personal Property Tax. 10. Name and Address of New F	logistered		CINO
	9. Name and Address of Currer	it Regist	ered Agent		1 Name	10. Name and Address of New F	registered	Agent	
DITO	SO, MARYANN	d 1, 1 1		ſ	Name				
CHOS	NOU, IMANTANIN			8	2 Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
6320 KEY BISCAYNE BLVD.					<u> </u>	13.11			
FORT MYERS FL 33908				8	3	- 1985年 - 1985			
	•			9	4 City	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** **** *****************************	85 Zip	Code
							FL	.	ſ
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statutes	s, the abo	ve-named co	rporation submits this statement for the tion's board of directors. I hereby accept	purpose of at the appoi	changing its	registered eaistered
agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	da Statut	98.	Boll's Board of directors	, ,,,,		,
SIGNATURE	* * * * * * * * * * * * * * * * * * *						•		Į
i	Signature, typed or printed name of registered age		ALOTE E						
12.	OFFICERS AN				gent signature requ	ired when reinstating),	DATE	o sincer	
TITLE .	D	ND DIREC	CTORS	13.		ADDITIONS/CHANGES TO OF			
NAME		ND DIREC							ORS IN 12
	RUSSO, MARYANN	ND DIREC	CTORS	13.	· ·	ADDITIONS/CHANGES TO OF			
STREET ADORESS		ND DIREC	CTORS	13, 1.1 TITLI 1.2 NAM	· ·	ADDITIONS/CHANGES TO OF			
		ND DIREC	CTORS DELETE	13, 1.1 TITLI 1.2 NAM	E EET ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6320 KEY BISCAYNE BLVD. FORT MYERS FL D RUSSO, JOHN 3110 SEASONS WAY #204	ND DIREC	CTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	E EET ADDRESS - ST-ZIP E	ADDITIONS/CHANGES TO OF		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	G320 KEY BISCAYNE BLVD. FORT MYERS FL D RUSSO, JOHN 3110 SEASONS WAY #204 ESTERO FL 33928	,	CTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF		☐ Change	Addition
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CITY-ST-ZIP 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 indicated on this annual report or suppliemental 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 chapter 607, or on an attachment with an address, with all other like empowered.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STATE OF BOTTON OF THE

FORT EYES -1.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition