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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028401 (3)

1. Corporation Name
BRAINSTORMERS, INC.

Principal Place of Business

1480 HILL AVENUE
FORT MYERS FL 33901

Mailing Address

1480 HILL AVENUE
FORT MYERS FL 33901-7824



2. Principal Place of Business

21 8695 College Parkway

Suite, Apt. #, etc.

22 SUITE # 324

City & State

23 FORT MYERS, FL.

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/29/1996

3a. Date of Last Report

4. FEI Number

65-0656891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PRINGLE, NORMA M
1480 HILL AVENUE
FORT MYERS FL 33901

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 NORMA M. PRINGLE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPRI ~~SPELLING ERROR~~ ☐ DELETE
NAME NGLE, WILLIAM ALBERT IV
STREET ADDRESS 1119 TULIP TREE
CITY-ST-ZIP BLOOMINGTOWN IN 47406

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition
1.2 NAME WILLIAM A. PRINGLE II
1.3 STREET ADDRESS 1608 N. HERMITAGE ROAD
1.4 CITY-ST-ZIP FORT MYERS, FL. 33919

2.1 TITLE VS ☐ Change ☒ Addition
2.2 NAME ROBERT H. WILLIAMS II
2.3 STREET ADDRESS 13300-56 S. CLEVELAND AVE.
2.4 CITY-ST-ZIP FORT MYERS, FL. 33907

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 5000021674 ☐ Change ☐ Addition
6.2 NAME -05/06/97--01066--033
6.3 STREET ADDRESS ***165.00
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

4-29-97 (and) 4/6/97

CR2E034 (9/96)