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May 15 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 # **P96000038254 (4)**

1. Corporation Name
FUTURE CORP. OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
3718 SW 3RD AVENUE CAPE CORAL FL 33914	POST OFFICE BOX 151060 CAPE CORAL FL 33915-1060

2. Principal Place of Business
21 3009 SE 18th Ave
22 Suite, Apt. #, etc.
23 City & State: Cape Coral, FL
24 Zip: 33904 25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report: 4/29/96
4. FEI Number: 65-0665603 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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
FRONCEK, MICHAEL E
3718 SW 3RD AVENUE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
81 Name: Michael E. Froncek
82 Street Address (P.O. Box Number is Not Acceptable): 3009 SE 18th Ave
83
84 City: Cape Coral FL 85 Zip Code: 33904

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: MICHAEL E FRONCEK DATE: 4/9/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Anthony Cannamela	1.2 NAME	
STREET ADDRESS	1016 Dolphin Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral FL 33904	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	~~VICE~~ ☐ Change ☐ Addition
NAME	Michael FRONCEK	2.2 NAME	
STREET ADDRESS	3009 SE 18th Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral FL 33904	2.4 CITY-ST-ZIP	
TITLE	Kimberly Cannamela	3.1 TITLE	☐ Change ☐ Addition
NAME	~~SE~~ Treasurer	3.2 NAME	
STREET ADDRESS	1016 Dolphin Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	3.4 CITY-ST-ZIP	
TITLE	Secretary	4.1 TITLE	☐ Change ☐ Addition
NAME	Juliane Froncek	4.2 NAME	
STREET ADDRESS	3009 SE 18th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

☐ DELETE

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: Michael E. Froncek Juliane Froncek 4/9/97

CR2E034 (9/96)