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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000038992 (9)**

1. Corporation Name
S.W. FLORIDA MONEY SAVER, INC.

Principal Place of Business	Mailing Address
807 S.W. 40TH TERRACE CAPE CORAL FL 33914	807 S.W. 40TH TERRACE CAPE CORAL FL 33914-5723

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 1616-102 Cape Coral Pkwy	26 1616-102 Cape Coral Pkwy
Suite, Apt. #, etc.	22 #166	27 #166
City & State	23 Cape Coral FL	28 Cape Coral FL
Zip / Country	24 33914 / 25 USA	29 33914 / 30 USA

4. FEI Number: 65-0662853 ☐ 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

PEVITTS, JO ANN
807 S.W. 40TH TERRACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name: Harlan Cunningham
82 Street Address (P.O. Box Number is Not Acceptable): 1616-102 Cape Coral Pkwy
83: Suite 166
84 City: Cape Coral FL 85 Zip Code: 33914

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: Harlan Cunningham (V. PRESIDENT) 3-7-97
Signature required for printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT PEVITTS, WILLIAM J 807 S.W. 40TH TERRACE CAPE CORAL FL 33914	☒ DELETE	1.1 TITLE PRES. 1.2 NAME Cheryl Cunningham 1.3 STREET ADDRESS 1616-102 Cape Coral Pkwy. 1.4 CITY-ST-ZIP #166 Cape Coral, FL 33914
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT PEVITTS, JO ANN 807 S.W. 40TH TERRACE CAPE CORAL FL 33914	☒ DELETE	2.1 TITLE V. PRES. 2.2 NAME Harlan Cunningham 2.3 STREET ADDRESS 1616-102 Cape Coral Pkwy 2.4 CITY-ST-ZIP #166 Cape Coral FL 33914
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☒ Addition

CR2E034 (9/96)

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: Cheryl Cunningham (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #