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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000071753 (3)

14. I do hereby certify that the information supplied with this filing information indicates on this annual territor of suppliements at I am an officer or director individual to the third floor fly receiver or appears in Blook 12 or block 13 thangs, or or an attacher

R.C.W. PROPERTIES, INC.

Principal Plac 900 SIXTH AVE NAPLES FL 341	NUE SOUTH #203	Mailing Address 900 SIXTH AVENUE SOU' NAPLES FL 34102-6745	800 SIXTH AVENUE SOUTH #203						
	,					3. Date Incorporated or Qualified 08/28/1996	3a. Date of Las	t Report	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		28. Mailing Address 26				4. FET Number 59 - 3399381			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & Stat	de	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Ζιρ <b>29</b>	30]	ntry	across to the personal section to	<u> </u>	Yes 🖸 No	r s. 199.032,	
	9, Name and Address of Cur	rrent Registered Agent	· ·	B1	Name	10. Name and Address of New Re	distered Agent		
	IWEIKHARDT, WILLIAM SIXTH AVENUE SOUTH #203	<b>1</b>				6 M 113. MANAGEMENT AND			
NAPLES FL 34102				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
- <del></del>				83					
				84	Cily		FL  85   Z	ip Code	
office or a agent. I a	to the provisions of Sections 607,000 registered agent, or both, in the Stam familiar with, and accept the of	late of Florida. Such change was	s authorizo:	d by i	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changin If the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered	diagont and title if applicable. (NO	Dit : Registere	d Agen	signature require	d when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME		DELETE	DELETE 1.17			esident	Chang	ge 🙀 Addition	
STREET ADDRESS						lliam Schweikhardt O Sixth Avenue South	C4+~ 20	12	
CITY-ST-ZIP				TY-ST-	- ZIP Na:	ples, Florida 34102	, surce 20	13	
TITLE		DELETE	2.1 TI			cretary	☐ Chang	ge χ Addition	
NAME			2.2 N			lliam Schweikhardt			
STREET ADDRESS						O Sixth Avenue South	, Suite 20	3	
CITY-ST-ZIP TITLE		DELETE	2. 4 C 3.1 71	11Y-S1 TLE	ı-zı⊬   Na	ples, Florida 34102	Chang	ge Addition	
NAME	•		3.2 N				<del></del>		
STREET ADDRESS			3.3 S	TREFT A	ADDRESS				
CITY-ST-ZIP				11 Y - ST	I-ZIP		····		
TITLE		DELETE	4111				☐ Chang	ge Addition	
NAME STREET ADDRESS			4.21		ADDRESS				
CITY-ST-ZIP				114-11 <i>4</i> 114-\$1					
TITLE	· · · · · · · · · · · · · · · · · · ·	DELFTE	5.111		£11		Chang	gc Addition	
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREE 1 A	ADDRESS				
CITY-ST-ZIP		and the second s	5.4 C	ITY-\$1	- ZIP				
TITLE		DELETE	6.1 10	11 E			Chang	ge Addition	
NAME			6.2 N						
CADECA VUUDECC	1		6.2 6.	IDECT A	ADDRESS				

WTlliam Schweikhardt 04/28/97 941-262-2227

or qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fort is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

May 09 1997 8:00am

Secretary of State