

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

FILED

Apr 09 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 # P96000072214 (5)

1. Corporation Name

RONTO DEVELOPMENTS OF FORT MYERS, INC.



Principal Place of Business

277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937

Mailing Address

277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 34145-3033

3. Date Incorporated or Qualified

08/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINDERS, JAMES M
277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937

81 Name

Jack Solomon

82 Street Address (P.O. Box Number Is Not Acceptable)

277 N. Collier Blvd.

83

84 City

Marco Island, F

FL

85 Zip Code

34145

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

Jack Solomon

(NOTE: Registered Agent signature required when reinstating)

4-2-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SOLOMON, Jack

STREET ADDRESS 277 N. Collier Blvd.

CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ DELETE

NAME HARRIS, Raymond G.

STREET ADDRESS 277 N. Collier Blvd.

CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ DELETE

NAME WELKS, Karen E.

STREET ADDRESS 277 N. Collier Blvd.

CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Solomon

4-2-97

Date

(941) 394-5197

Daytime Phone #

0416703

CR2E034 (9/96)