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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000096010 (9)

STINGERS OF SOUTHWEST FLORIDA, INC.

FILED Jun 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
5859 LINCOLN ROAD VENICE FL 34280		5859 LINCOLN ROAD VENICE FL 34293-6841						
					3. Date Incorporated or Qualified 11/20/1996	3a. Date of L	ast Report	
			14 Bu lidge Road		4. FEI Number 65-07//0/7		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Hequired		
City & Stat	soft, M.	City & State 28 Savaso de	28 Javasoba Fr.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 3 Y 2		Zip 29 3423 9 Current Registered Agent		(SA	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	☐ Yes ☐ No	der s. 199.032,	
14010		Current registered Agent		81 Name	10, Hame and Address of New Ne	Aleteren vilen		
	HT, STEPHEN F			- Name	·			
2414 BEE RIDGE ROAD SARASOTA FL 34239				82 Street Add	Address (P.O. Box Number is Not Acceptable)			
				83				
							Ì	
				84 Gily		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 6 registered agent, or both, in the time fair floor with find accept the fair floor with time accept the fair floor with time accept the floor f	07.0502 and 607.1508, Florida Sta a State of Florida. Such change wa a obligations of, Section 607.0505,	itutos, the al is authorize Florida Stat	oove-named cor d by the corpore utes	poration submits this statement for the attention's board of directors. I hereby acce	ourpose of chang pt the appointmo	ing its registered nt as registered	
SIGNATURE			<u> </u>			-13-7	′ 7]	
	Synature Aped or printed name of regis	tered agent and little if applicable (f RS AND DIRECTORS		Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DIDE	OTODO IVI 40	
12.	President	DELETE	13. 1.1 It	ue 1	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	(
NAME	Glenn J. Kel	Λ	1.2 N/				ango Eminodinon	
STREET ADDRESS TREE LINE Rd.			1	REE1 ADDRESS			18	
CITY-ST-ZIP		la 34273	•	IY-ST-ZIP			\ <u>\</u>	
TATLE	Vice President DELETE 21TO				☐ Ch	ange Addition C		
NAME	Chades	_		l l			_	
STREET ADDRESS	5350 DIX 1	wolfe Circle		REET ADDRESS				
CITY-ST-ZIP	Saranta, M.	•		TY-\$1-ZIP				
TITLE	Sevelory 17re	DELETE	3.1 10			☐ Chi	ange Addition	
NAME	Insan Gori	when arde	3.2 NA	ME]	
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CITY-ST-ZIP	Lamester, K1.		34. C	TY-ST-ZIP				
TITLE	7	DELETE	4.1 1/1	LE		Ch:	ange Addition	
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS			1	
CITY-ST-ZIP			4.4 CI	IY-ST-ZIP				
TITLE		☐ DELETE	5.1 10	LE		☐ Ch	ange 🔲 Addition	
NAME			5.2 N/	ME			İ	
STREET ADDRESS			5.3 ST	REET ADDRESS			ì	
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP				
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NAME			6.2 NA	ME			-	
STREET ADDRESS			6.3 ST	REET ADDRESS			[
CITY-ST-ZIP			6.4 C/	IY-ST-ZIP				

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 13 if changed, or on an attachment with an address.

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