

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013023 (1)

1. Corporation Name

FSBMD #2-47 FLORIDA, INC.



Principal Place of Business 13180 N CLEVELAND AVE. SUITE 312 N FT MYERS FL 33903	Mailing Address 13180 N CLEVELAND AVE. SUITE 312 N FT MYERS FL 33903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13180 N. CLEVELAND AVE Suite, Apt. #, etc.		2a. Mailing Address 26 13180 N. Cleveland Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/07/1997	
22 City & State 23 N. Fort Myers FL		27 City & State 28 N. Fort Myers FL		4. FEI Number 65-0733912	
24 33903		29 33903		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CALDWELL, FRED
13180 N CLEVELAND AVE, SUITE 312
N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name CALDWELL, FRED	85 Zip Code 33903
82 Street Address (P.O. Box Number is Not Acceptable) 13180 N. CLEVELAND AVE	
83 Suite 309	
84 City N. Fort Myers	85 Zip Code 33903

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 607.0502, Florida Statutes.

SIGNATURE Fred Caldwell (NOTE: Registered Agent signature required when reinstating) DATE 03-18-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Fred Caldwell
STREET ADDRESS		1.3 STREET ADDRESS	2680 PARKWINDSON DR H 510
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LISA WINTER
STREET ADDRESS		2.3 STREET ADDRESS	1708 SW 51ST TERR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Fred Caldwell 03-18-98 941-985-8139

CR2E034 (10/97)