


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000037269** ✓  
Corporation Name  
**THE BLIND GUYS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business <b>0 SW 43RD TERR. PE CORAL FL 33914</b>	Mailing Address <b>1710 SW 43RD TERR. CAPE CORAL FL 33914</b>
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**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**  
09-07-1999 90011 022 \*\*\*550.00

Principal Place of Business <b>15800 Brothers Ct.</b>		2a. Mailing Address <b>15800 Brothers Ct.</b>		3. Date Incorporated or Qualified <b>04/24/1997</b>	
Suite, Apt. #, etc. <b>#3</b>		Suite, Apt. #, etc. <b>#3</b>		4. FEI Number <b>65-0789880</b>	
City & State <b>Ft. Myers FL.</b>		City & State <b>Ft. Myers FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33912</b>	Country <b>USA</b>	Zip <b>33912</b>	Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>FARRELL, JEFFREY 857 SE 47TH ST UNIT A CAPE CORAL FL 33904</b>				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>Jeffrey Farrell</b>	Applied For <input type="checkbox"/> Not Applicable
82 Street Address (P.O. Box Number is Not Acceptable) <b>4200 ute ct.</b>	
83	
84 City <b>Estero</b>	85 Zip Code <b>FL 33928</b>

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **8-30-99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DPST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>FARRELL, JEFFREY</b>		1.2 NAME <b>Jeffrey Farrell</b>	
1.3 STREET ADDRESS <b>857 SE 47TH ST, UNIT A</b>		1.3 STREET ADDRESS <b>4200 ute ct.</b>	
1.4 CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>		1.4 CITY-ST-ZIP <b>Estero FL 33928</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>FARRELL, JEFFREY</b>		2.2 NAME <b>Jeffrey Farrell</b>	
2.3 STREET ADDRESS <b>973 ADELPHI CT.</b>		2.3 STREET ADDRESS <b>4200 ute ct.</b>	
2.4 CITY-ST-ZIP <b>FT-MYERS FL 33919</b>		2.4 CITY-ST-ZIP <b>Estero FL 33928</b>	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  DATE: **8-30-99** (941) 454-1313

CR2E034 (5/99)