


1-23-98 B 0681 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041089 (8)**  
1. Corporation Name  
**CUSTOMIZED SERVICES OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>2338 IMMOKALEE RD BOX 201 NAPLES FL 34110-1445</b>	Mailing Address <b>2338 IMMOKALEE RD BOX 201 NAPLES FL 34110-1445</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2338 Immokalee Rd</b> Suite, Apt. #, etc. 22 <b>Box 231</b> City & State 23 <b>NAPLES FL</b> Zip 24 <b>34110-1445</b>		2a. Mailing Address 26 <b>2338 Immokalee Rd</b> Suite, Apt. #, etc. 27 <b>Box 231</b> City & State 28 <b>NAPLES FL</b> Zip 29 <b>34110-1445</b>		3. Date Incorporated or Qualified <b>05/05/1997</b>	
4. FEI Number <b>59-3452733</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CLIFF, CARY A 2335 N TAMiami TRAIL SUITE 505 NAPLES FL 34103</b>		10. Name and Address of New Registered Agent 81 Name <b>CHARLES LEHMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5455 JAEGER RD.</b> 83 <b>SUITE B</b> 84 City <b>NAPLES</b> FL 85 Zip Code <b>34109</b>	
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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 *Charles Lehman*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NARODICK, NANCY 2338 IMMOKALEE RD BOX 201 NAPLES FL 34110-1445</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P John S. Robinson 2338 Immokalee Rd. Box 231 Naples, FL 34110-1445</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROBINSON, WENDY 231 2338 IMMOKALEE RD BOX 201 NAPLES FL 34110-1445</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STILWELL, BARBARA 231 2338 IMMOKALEE RD BOX 201 NAPLES FL 34110-1445</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHN S. ROBINSON 2338 IMMOKALEE RD Box 231 NAPLES FL. 34110-1445</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *John S. Robinson* 1/23/98

CR2E034 (10/97)