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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065377 (8)

GARDENS AT FORT MYERS, INC. Mailing Address Principal Place of Business 8255-GLADEO ROAD SUITE SOIE -2255 GLADES ROAD SUITE 301E BOCA RATON PL 33431 800A-RATON-FL-33431 DO NOT WRITE IN THIS SPACE 27081 MATHESON 3. Date Incorporated or Qualified BOULTA SONIAGI, PL 34135 07/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0772314 27081 MATHESON AVE 27081 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be BOJITA EON 23 BOULTA EPALLED, FL Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible 34135 Yes 29 Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent B1 Name KODSI, DANIEL 2255 GLADES ROAD SUITE 301E Street Address (P.O. Box Number is Not Acceptable) **R2** BOCA-RATON FL 33431-83 GDALTA Continu 84 Zip Code こういいへい 34135 s of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered ager agent. I am familiar with ĴΟ ored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME Kodsi, Daniel 1.2 NAME 2255 GLADES ROAD SUITE 2015 STREET ADDRESS 1.3 STREET ADDRESS 33486 BOCA RATON EL 33431. 14 CITY-ST-7IP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE

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 positive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or or ith an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CHY-ST-ZIP

6.3 STREET ADDRESS

CICNIATIIDE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

21201981

Change

Addition

FILED

Apr 06 1998 8:00am

Secretary of State