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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham 🔻 🗸 🧸

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700069879 (9)

TOURIST INFORMATION CENTER OF FORT MYERS BEACH,

FILED Feb 13 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address				I JOBILOGE: HO LOUIS DELIK BOSS BOSS BOSS BOSS BOSS BOSS BOSS BOS		
2450 ESTERO FT MYERS BE		2450 ESTERO BLVD. FT MYERS BEACH FL 33931			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/12/1997	
	ace of Business	2a. Mailing Address			4. FEI Number 65-0187954	Applied For
Suite, Apt.	# ptc	26 Suite, Apt. #	elc			Not Applicable \$8.75 Additional
22		27	. 010.		5. Certificate of Status Desired	Fee Required
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip		Country	Trust Fund Contribution This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent
· 446	GENNAG A AGARON SERVICES	=NG		81 Name //	PALLACE MARY	4
-689	SACTOR WE	•		82 Street Add	dress (P.O. Box Number is Not Acceptable)	1000
-01E. 200				16	dress (P.O. Box Number is Not Acceptable)	LANE SW.
<7A	MANAGOEE FE 32302			83		
			•	84 City	- 1 = =	85 Zip Code
				F/.	MYERS 🗗 F	
11. Pursuant i	to the provisions of Sections 607.060 egistered agent, w. both, in the State	2 and 607,1508, Flori d Florida: Such char	da Statutes, ti nge was autho	he above-named cor orized by the corpora	rporation submits this statement for the purposation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agont la	m familiar with, and accept the obligi	his of Section 607	.0505, Flocida	Statutes.	a. Wallan	la la
SIGNATURE	Signal are Type of or printed name of registered age	1 A Darson	/	gisterio Agent eignatur requ		7/90
12.	OF LICERS AN			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD			1.1 TITLE		☐ Change ☐ Addition
NAME	HUSSEY, DEBORAH A			1.2 NAME		
STREET ADDRESS	12687 SUMMERWOOD DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908			1.4 CITY-ST-ZIP		
TITLE	VSD	□ D	ELETE	2.1 TITLE		Change Addition
NAME	MULHEARN, KEVIN			2.2 NAME		
STREET ADDRESS	12687 SUMMERWOOD DRIVE			2 3 STREET ADDRESS	· '	
CITY-ST-ZIP	FT MYERS FL 33908			2. 4 CITY-ST-ZIP		Change Addition
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NAME CONCET ADODECC				3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS				3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		Пр		4.1 TITLE		☐ Change ☐ Addition
NAME			•	4. 2 NAME		
STREET ADDRESS			Ŀ	4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CHTY-ST-ZIP		
TITLE		□ 0	ELE TE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP	ALL SERVING OF THE TOTAL OF THE	
TITLE			ELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		1
STREET ADDRESS				6.3 STREET ADDRESS		1
CITY-ST-ZIP		in this the same		6 4 CITY-ST-ZIP	Postine 110 07/3V/) Floride Catalana I to the	r partiful that the information
I 144. Inereh∨r	cernity mai the information subblied w	am was tibno boes ho	i duality for th	e exemption stated i	in Section 119.07(3)(i), Florida Statutes. I furthe	r ceruiy triat trie irromiation

indicated on this annual report or supplied with an additional field of the supplied statutes. I further certify that the information indicated on this annual report or suppliemental 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 coporation 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 of Chapter 607.