FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90221 042 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073989

1. Corporation Name

Principal Place of Business

AMERICAN PROPERTY INVESTORS OF SOUTHWEST FLORIDA , INC.

3620 SAYBR:)OK PL. BONITA SPRINGS FL 34134 US			3620 SAYBROOK PL. BONITA SPRINGS FL 341:34 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/26/1997							
2. Principa Place of Business			2a. Mailing Address					4. FEI Number				- 1.	Ap	fied For	
21			26				65-0	65-0776519					No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional								
22			27				3 . Gertii					F	ee Re	c uired	
City & State	e		City & State				6. Elect	ion Camp	aign Fina	ncing	П	\$5	5.00	May Be	
23		_	28				Trust	Fund Co	ntribution			Α	dded t	Fees	
Zip	Country		— — — — — — — — — — — — — — — — — — —		Country		8. This	8. This corporation owes the current							
24	25		29	30				or al Prop				☐Ye	<u>s</u>]¥¶No	
	9. Name and Add	ress of Current	Registered Agent				10. Nam	e and Ad	dress of	New Re	egistere d #	lgent			
DUE	N. 045V M				81	Name									
	IN, GARY M				82	Street	Acdress (P.O. Bo	ox Numbe	r is Not A	cceptab	ole)				
3620 SAYBROOK PL.															
BON	ITA SPIRNGS FL 34	4134			83										
					84	City						85	Zip (ode .	
						•					<u>FL</u>				
office crre agent. a	egistered agent, or bo	.h. in the State d	and 607.1508, Florida f Florida. Such change ons of, Section 607.05	was autho	orizea by "	tne corpo	ccrporation subm oration's board of	f cirectors	. I hereby	accept	the aproin	tment	as re	g stered	
SIGNATURE	Signature, typed or printed na	ne of registered agent	and title if applicable	(NOT:: Reg	gistered Agen	t signature ri	equired when reinstatin	ig)			DATE				
12.		OFFICERS AND	DIRECTORS		13.		ADDIT	FIONS/CF	ANGES T	TO OFF	ICERS AN				
TITLE	DP		☐ DEL	ETE	1.1 TITLE							CI	nange	☐ Addition	
NAME	RUBIN, GARY M				1.2 NAME										
STREET ADDRE 3S	3620 SAYBROOK	PL.			1.3 STREET	ADDRESS									
CITY-ST-ZIP	BONITA SPRINGS	FL 34134			1.4 CITY-ST	r-zip									
TITLE	DVST	-	☐ DEL	ETE	2.1 TITLE							□ C	nange	Addition	
NAME	RUBIN, BRANDI L				2.2 NAME										
STREET ADDRE 3S	3620 SAYBROOK				23 STREET	ADDRESS									
CITY-ST-ZIP	BONITA SPRINGS			į	2. 4 CITY- S	T-ZIP									
TITLE			DE!	ETE	3.1 TITLE								nange	Addition 🗌	
NAME,					3.2 NAME										
STREET ADDRE IS				3	3.3 STREET	ADDRESS									
CITY-ST-ZIP					3.4. CITY-S	T-ZIP								_	
TITLE			☐ DEL	ETE	4.1 TITLE								hange	Addition	
NAME				Ī	4, 2 NAME										
STREET ADDRESS					4.3 STREET	ADDRESS									
CITY-ST-ZIP					4.4 CITY-ST	Γ- ZI P									
TITLE			☐ DEL	ETE	51 TITLE							□с	hange	☐ Addition	
NAME					52 NAME										
STREET ADDRESS					5.3 STREET	ADDRESS									
CITY-ST-ZIP					54 CITY-S	Γ-ZIP									
TITLE			☐ DEL	ETE	6.1 TITLE	,						C	hange	Addition	
NAME					62 NAME										
STREET ADORESS					6.3 STREET	ADDRESS									

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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with a little empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)