FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000088531 (3)

RCH OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Addre					ddress	3					r seemedt me lem men sem eem e)				
	5233 SW 19TH PLACE			5233 SW 19TH PLACE												
CAPE CORAL FL 33914			CAPE CORAL FL 33914							DO NOT WRIT	F IN THIS S	SPACE				
										ŀ	3.	Date Incorporated or Qualified				\neg
										•		10/13/1997				
	2. Principal Place of Business				2a. Mailing Address						4.	FEI Number		1	pplied For	コ
21	<u> </u>	Ant # ato			26						((05-018/00)			lot Applicabl	Ð
22	Suite, Apt	tpt #, etc.			Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional Regulred	-	
22	City & State	State			City & State						Election Campaign Financing			·———	\dashv	
23	·				28							Trust Fund Contribution			May Be I to Fees	
	Zip		Country		Zip		Cou	untry			8.	This corporation owes or has p	aid the cur			┪
24			25	,	29		30					Personal Property Tax due Jun			□ No	
			and Address		T	gent		81	Name		10.	Name and Address of New R	egistered /	Agent		4
			PROF SVS (of ft mye	rs, inc.			"	Name						•	
13611 MCGREGOR BLVD						82	Street	Address	s (P.	O. Box Number is Not Accepta	ble)			٦		
FT MYERS FL 33919						83							·····	\dashv		
											-				-	
								84	City				FL	85 Zip	Code	-
11.	 Diffice or re 	egi ste red ag	eat, or both, it	າ the State ຜ	il Iorida, Such	i change was a	authorize	d by	the corr	corpora poration	ation	submits this statement for the pard of directors. I hereby acce	nurnose of	changing ointment a	its registered s registered	╗
SIC	SNATURE	_	•		,	n 607.050 5, Flo										
12			or printed name of	ICAL COO. A LIEV			l flagislara	d Age	urufangia In	required v		reinstating) DDITIONS/CHANGES TO OFFI	DATE CEDE AND	DIDECTO	DC IN 40	<u>ا</u> إ
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14. Thereby cortify 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.

May 27 1998 8:00am

Secretary of State