

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095042 (2)

1. Corporation Name

OPTIONS CONSULTANTS OF LEE COUNTY, INC.

Principal Place of Business

1420 WINKLER AVENUE  
FORT MYERS FL 33901

Mailing Address

1420 WINKLER AVENUE  
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

65-0792624

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 1625 COLONIAL BLVD

Suite, Apt. #, etc.

22 SUITE A

City & State

23 FT. MYERS FL

Zip

24 33907

Country

25 U.S.A.

2a. Mailing Address

26 1625 COLONIAL BLVD

Suite, Apt. #, etc.

27 SUITE A

City & State

28 FT. MYERS FL

Zip

29 33907

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

FINE, SCOTT  
1420 WINKLER AVENUE  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

SCOTT FINE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FINE, SCOTT  
STREET ADDRESS 1420 WINKLER AVENUE  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ DELETE

NAME FINE, SCOTT  
STREET ADDRESS 1420 WINKLER AVENUE  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ DELETE

NAME CHAN, KOON MENG  
STREET ADDRESS 308 DEL PRADO BOULEVARD  
CITY-ST-ZIP CAPE CORAL FL 33900

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Scott Fine*

SCOTT FINE

02/02/98 (941)277-9424

CP2E034 (10/97)