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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000107050

1. Corporation Name

SOUTHWEST FLORIDA CHARTERS, INC.

FILED Jun 23, 1999 8:00 am Secretary of State

06-23-1999 90006 029 ***150.00



| Principal Place | e of Business | Mailing Address | | -\ | i Balia imbil maidi bilil deli jeni |
|---|--|---------------------|----------------------------------|--|-------------------------------------|
| 26370 SUNDERLAND DRIVE #4205 26370 SUNDERLAND DRIVE #4205 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 | | | 95 | DO NOT WRITE IN THE | S SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| | | | | 12/19/1997 | |
| Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 | · | 26 661 BLENTWO | 200 | 65-0800609 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | • | \$8.75 Additional | |
| 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | е , | City & State | • • • | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 DEARBOUN 1 | NU 48124 | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip C | Country | 8. This corporation owes the current year Ir | ntangible |
| 24 | 25 | 29 30 | | Personal Property Tax. | ☐ Yes ☐ No |
| • | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Registered | i Agent |
| 81 Na | | | | | |
| SNELL, MARY V | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 1833 HENDRY STREET | | | ou con Audit | (r.o. Box Hambor to treet toography) | |
| FORT MYERS FL 33901 | | | 83 | | |
| | | | B4 City | | 85 Zip Code |
| | · | | 84 City | FI | L S Esp Gode |
| 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 | | | | | |
| SIGNATORE | Signature, typed or printed name of registered age | | ared Agent signature required | | VID DUDEOTODO IN 40 |
| 12. | | | 13 | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| TITLE | PSTD | ☐ DELETE 1.º | 1 TITLE | | |
| NAME | LOVE, ROBERT L | 13 | 2 NAME | | |
| STREET ADDRESS | 601 BRENTWOOD STREET | 1.3 | 3 STREET ADDRESS | | |
| CMY-ST-ZIP | DEERBORN MI 48124 | | 4 CITY- ST- ZIP | | |
| TITLE | | ☐ DELETE 2. | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2.3 | 2 NAME | | |
| STREET ADDRESS | | 2.3 | 3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | | |
| TITLE | - | DELETE - : 3. | 1 TITLE | - | ☐ Change ☐ Addition |
| NAME | | 3.3 | 2 NAME | | |
| STREET ADDRESS | | 3.1 | 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3/ | 4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE 4. | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4. | 2 NAME | | |
| STREET ADDRESS | | 4.3 | 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4/ | 4 CITY-ST-ZIP | _ · | |
| TITLE | | | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | <u>,</u> | 5. | 2 NAME | | |
| STREET ADDRESS | ĺ | 5. | 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | : 5. | 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE 6. | 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | , 6 : | 2 NAME | | |
| STREET ADDRESS | { | 6. | 3 STREET ADORESS | | |
| SINCE MUUNESS | | | | | |

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, with all other like empowered.

SIGNATURE:

313.8469001

P97000107050 579097-90006-29

June 14, 1999

Florida Department of State

To Whom It May Concern:

The enclosed form was inadvertently put in the wrong mailbox of my condominium complex. Enclosed you will find a check for \$150.00. Please waive all penalties. In the future, please mail all correspondence to the following address:

601 Brentwood Dearborn, MI 48124

Thank you for your cooperation.

Louis L. Sone

Regards,

Robert L. Love

John M.

Thank you for your cooker to so.

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