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 # **P98000009183**1. Corporation Name

THINK BIG OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

2701 CLEVELAND AVE. STE 9 FORT MYERS FL 33901

2701 CLEVELAND AVE. STE 9 FORT MYERS FL 33901

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90129 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/26/1998

Sulta, Apt. #, alc. Sulta, Ap	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Api	plied For	
Suite, Apt. 4, alc. Suite, Apt. 4, alc.	1850	^ · —		302	No.	6509080-20	No	t Applicable	
Securities of Status Fee Required Fee Required Fee Required Fee Required Status Fee Required Status Fee Required Status Statu	Suite, Apt.						\$8.75 A	dditional	
City & State 28	: ` .` \		27			5. Certificate of Status Desired	Fee Re	quired	
Added to Fees Trust Fund Contribution Added to Fees Add						6. Election Campaign Financing \$5.00 May Be			
23 9 25 USA 28 0 30 USA 28 0 USA 28								, I	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 87 Name SINIBALD, DEAN A 2701 CLEVELAND AVE, STE 9 FORT MYERS FL 33901 88 Sinibal Augustus of Sections 607,0502 and 607 1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. The above named corporation submits this statement for the purpose of changing its registered agent. The above named corporation submits this statement for the purpose of changing its registered agent. The above named corporation submits this statement for the purpose of changing its registered agent. The above named corporation submits	Zip Country Zip Co					8. This corporation owes the current year	ar Intangible	-	
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FORT MYERS FL 33901 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 agent, or both, in the State of Rivorda. 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 Signiture, hyped or protest name of registered agent and this is applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 14. 2 NAME 2701 CLEVELAND AVE, STE 9 15. STREET ADDRESS CITY-ST-ZP TITLE 10. DELETE 11. TITLE 12. TITLE 13. STREET ADDRESS CITY-ST-ZP TITLE 13. STREET ADDRESS CITY-ST-ZP TITLE 14. TITLE 15. TITLE					CO. Co. 14 Hay (D.O. Day Nambor in Not Accomplete)				
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12.	SIGNATURE	·							
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14 CITY-ST-ZIP	NAME			1.2 NAME	1	DEAN- H-3 INIS HOOF			
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CITY-ST-ZIP 64 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 is being a first the same legal effect as if made under path; that I am an	CITY-ST-ZIP								

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: