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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000052350

1. Corporation Name
BONITA SPRINGS INVESTORS, INC.

Principal Place of Business
 9220 BONITA BEACH ROAD, STE 227
 BONITA SPRINGS FL 34135

Mailing Address
 9220 BONITA BEACH ROAD, STE 227
 BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1998

4. FEI Number
52-2122518

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name **JEFFREY R. LAMB**

82 Street Address (P.O. Box Number is Not Acceptable)
9915 TAMiami TRAIL N. STE #2

83

84 City **NAPLES FL** 85 Zip Code **34108**

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]* **JEFFREY R. LAMB** **4-27-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

NAME **F. BEAVER SMITH**

STREET ADDRESS **9220 BONITA BEACH RD STE 227**

CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME DELETE

NAME **RON PATAK**

STREET ADDRESS **9220 BONITA BEACH RD STE 227**

CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME DELETE

NAME **MARY WALKER SMITH**

STREET ADDRESS **9220 BONITA BEACH RD STE 227**

CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME DELETE

NAME **JOHN HARRIS**

STREET ADDRESS **9220 BONITA BEACH RD STE 227**

CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE NAME DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME 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, with all other like empowered.

SIGNATURE: *[Signature]* **4/27/99** **941-949-0067**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)