

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

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May 08, 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
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DOCUMENT # P98000080643

1. Corporation Name
BMI OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 2314 SAGRAMORE PLACE CAPE CORAL FL 33914	Mailing Address 2314 SAGRAMORE PLACE CAPE CORAL FL 33914
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1323-B Cape Coral Parkway E. Suite, Apt. #, etc.		2a. Mailing Address 26 1323-B Cape Coral Parkway E. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/14/1998	
22		27		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Cape Coral FL City & State		28 Cape Coral FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33904 Zip Country USA		29 33904 Zip Country USA		30 USA Country	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Robert J. LaRocco
82 Street Address (P.O. Box Number is Not Acceptable) 1505 S.E. 40th Street
83 Suite C
84 City Cape Coral FL 85 Zip Code 33904

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 **Robert J. LaRocco** **Robert J. LaRocco** DATE **4-28-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RECKTENWALD, MANFRED
STREET ADDRESS	2314 SAGRAMORE PLACE
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D <input type="checkbox"/> DELETE
NAME	BERGER-MEINS, ANGELIKA
STREET ADDRESS	2314 SAGRAMORE PLACE
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert J. LaRocco
1.3 STREET ADDRESS	1505 S.E. 40th Street, Suite C
1.4 CITY-ST-ZIP	Cape Coral FL 33904
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert J. LaRocco** **Robert J. LaRocco** DATE **4-28-99** Daytime Phone # **941-549-9499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)