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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90013 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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.

23 City & State

Cape Coral FL

28 City & State

Cape Coral FL

24 Zip

33904

Country

USA

29 Zip

33904

Country

USA

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

4-28-99

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 D ☐ DELETE

NAME RECKTENWALD, MANFRED
STREET ADDRESS 2314 SAGRAMORE PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME BERGER-MEINS, ANGELIKA
STREET ADDRESS 2314 SAGRAMORE PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Director
1.3 STREET ADDRESS Robert J. LaRocco
1.4 CITY-ST-ZIP 1505 S.E. 40th Street, Suite C
Cape Coral FL 33904

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

044073