

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **PA8000087402**

1. Corporation Name

**Security Capital of Southwest FL Inc.**

Principal Place of Business

**3403 Winkler Ave.  
Ft. Myers, FL.  
33916**

Mailing Address

**P.O. Box 110448  
NAPLES, FL. 34108-0108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**OCT. 13, 1998**

4. FEI Number

**593537992**

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.

☐ Yes

☒ No

2. Principal Place of Business

**3403 Winkler Ave**

Suite, Apt. #, etc.

**Ft. Myers, FL.**

City & State

**33916 Lee**

Zip

**25**

Country

**U.S.A.**

2a. Mailing Address

**P.O. Box 110448**

Suite, Apt. #, etc.

**NAPLES, FL.**

City & State

**34108 - 0108**

Zip

**29**

Country

**USA**

9. Name and Address of Current Registered Agent

**Antonio FAGA, Esquire  
375 12th Ave. South  
NAPLES, FL. 34102**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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, 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

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**100003040251--4  
-11/09/99--01089--007  
\*\*\*\*\*150.00 \*\*\*\*\*150.00**

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.

SIGNATURE:

**Michael Stevens, President**

**10-26-99**

**941-278-3313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Antonio Faga  
Counselor at Law

375 Twelfth Avenue South  
Naples, Florida 34102  
941-403-9500  
fax 941-403-9505

October 27, 1999

Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: Security Capital of Southwest Florida, Inc.

Dear Sir/Madam:

Please be advised that I am the registered agent of Security Capital of Southwest Florida, Inc. It has been brought to my attention that the corporation has been dissolved for failure to file annual report. Pursuant to my conversation with the Division of Corporations the annual report mailed to Security Capital of Southwest Florida, Inc., was mailed to an incorrect mailing address and returned to the Division of Corporations.

Therefore, I enclose the completed 1999 Profit Corporation Annual Report for filing with the Secretary of State, Division of Corporations and a check in the amount of \$150.00 for the annual filing fee.

Would you please waive the late fee for filing of this annual report as we did not receive the original report mailed previously.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Antonio Faga

AF/tls

Enclosures

375 Twelfth Avenue South  
Naples, Florida 34102  
941-403-9500  
fax 941-403-9505