

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

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Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S43128 (5)**  
 1. Corporation Name:  
**THE VERTICAL FACTORY OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>1918 DEL PRADO BLVD S SUITE 1 CAPE CORAL FL 33990 US</b>	Mailing Address <b>1918 DEL PRADO BLVD SOUTH SUITE 1 CAPE CORAL FL 33990-4500 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/04/1991</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>65-0257028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROTH, JOSEPH E. 245 SW 43RD TERRACE CAPE CORAL FL 33914</b>	10. Name and Address of New Registered Agent 81 Name <b>Joseph E. Roth, CPA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8695 College Parkway, Suite 305</b> 83 84 City <b>Ft. Myers</b> <b>FL</b> 85 Zip Code <b>33919</b>
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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 Joseph E. Roth (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNS, MARA L	1.2 NAME	Coffee, Joy
STREET ADDRESS	516 SW 8 ST	1.3 STREET ADDRESS	1420 Windsor Court
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNS, TERRY N	2.2 NAME	Coffee, Robert
STREET ADDRESS	516 SW 8 STREET	2.3 STREET ADDRESS	1420 Windsor Court
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Joy Coffee 3-12-97 772-2303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)