

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S82325 (9)**  
1. Corporation Name  
**SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, INC.**

Principal Place of Business <b>2616 TAMiami TRAIL HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE FL 33952</b>		Mailing Address <b>2616 TAMiami TRAIL HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE FL 33952-6473</b>		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified <b>09/24/1991</b></div> <div>3a. Date of Last Report <b>05/01/1996</b></div> </div>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0285524</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		30	
9. Name and Address of Current Registered Agent <b>OMERZU, MICHAEL A. 2616 TAMiami TRAIL HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE FL 33952</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 <b>Michael A Omerzu</b> <span style="float: right;">6/27/97</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OMERZU, MICHAEL A.</b>		1.2 NAME		
STREET ADDRESS	<b>21052 KEARNEY AVE.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OMERZU, TOMMIE W.</b>		2.2 NAME		
STREET ADDRESS	<b>21052 KEARNEY AVE.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OMERZU, ANTHONY M</b>		3.2 NAME		
STREET ADDRESS	<b>1425 RENEE DR.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>DECATUR GA 30030</b>		3.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AUGHEY, THEODORE</b>		4.2 NAME		
STREET ADDRESS	<b>2909 GUADALUPE DRIVE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GRODA FL</b>		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.					

CR2E034 (9/96)