

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # VO4040 (4)

1. Corporation Name

LEASURE, GARGANO & MARCHEWKA, P.A.



Principal Place of Business 1520 ROYAL PALM SQ BLVD STE 260 FT MYERS FL 33919 US	Mailing Address 1520 ROYAL PALM SQ. BLVD. SUITE 260 FT. MYERSM FL 33919 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2075 West First St. Suite, Apt. #, etc. 22 203		2a. Mailing Address 26 PO Box 2527 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/27/1991
City & State 23 Ft. Myers, FL Zip Country 24 33901 25 USA		City & State 28 Ft. Myers, FL Zip Country 29 33902-2527 30 USA		4. FEI Number 65-0302259 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent LEASURE, JEFFREY W. 1520 ROYAL PALM SQ. BLVD. SUITE 260 FT. MYERS FL 33919	10. Name and Address of New Registered Agent 81 Name Rick Marchewka 82 Street Address (P.O. Box Number is Not Acceptable) 2075 West First ST. 83 SUITE #203 84 City Ft. Myers FL 85 Zip Code 33901
---	---

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 *Richard M. Marchewka* 4-24-98
 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARGANO, ANTHONY J.			1.2 NAME	Gargano, Anthony J.		
STREET ADDRESS	1520 ROYAL PALM SQ. BLVD. SUITE 260			1.3 STREET ADDRESS	2075 West First ST., suite #203		
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP	Ft. Myers, FL 33901		
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEASURE, JEFFREY W.			2.2 NAME	Leasure, Jeffrey W.		
STREET ADDRESS	1520 ROYAL PALM SQ. BLVD. SUITE 260			2.3 STREET ADDRESS	2075 West First ST., suite #203		
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-ST-ZIP	Ft. Myers, FL 33901		
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCHEWKA, RICHARD M.			3.2 NAME	MARCHEWKA, RICHARD M.		
STREET ADDRESS	1520 ROYAL PALM SQ. BLVD. SUITE 260			3.3 STREET ADDRESS	2075 West First ST., suite #203		
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP	Ft. Myers, FL 33901		
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 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 *Anthony J. Gargano, Pres.* 4/24/98

CR2E034 (10/97)