

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V30276 (2)

1. Corporation Name

FANTASIES OF PORT CHARLOTTE, INC.



Principal Place of Business

2414 TAMiami TR
UNIT 1
PORT CHARLOTTE FL 33952

Mailing Address

1938 S. TAMiami TR
SUITE 18
VENICE FL 34293
US

3. Date Incorporated or Qualified
04/17/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0330813

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCLAFANI, PETER P.
2414 TAMiami TRAIL
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name Raymond C. KOLTERMAN, JR.

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

1938 S. TAMiami TR.

83

84 City Venice

FL

85 Zip Code 34293

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]

RAYMOND KOLTERMAN PRES.

4/18/96

(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	P	<input checked="" type="checkbox"/> DELETE
NAME	SCLAFANI, PETER P.	
STREET ADDRESS	2414 TAMiami TRAIL	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HANDIS-SCLAFANI, AVA P.	
STREET ADDRESS	2414 TAMiami TRAIL	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KOLTERMAN, RAYMOND C. JR	
STREET ADDRESS	2414 TAMiami TR	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOLTERMAN, RAYMOND C. JR.	
1.3 STREET ADDRESS	1938 S. TAMiami TR.	
1.4 CITY - ST - ZIP	VENICE, FL 34293	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOLTERMAN, PATRICIA	
2.3 STREET ADDRESS	1938 S. TAMiami TRAIL	
2.4 CITY - ST - ZIP	VENICE, FL 34293	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD, KOLTERMAN	
3.3 STREET ADDRESS	1938 S. TAMiami TRAIL	
3.4 CITY - ST - ZIP	VENICE, FL 34293	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]

RAYMOND KOLTERMAN

4/18/96

(941) 496-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)