

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11660** (0)

1. Corporation Name
SANIBEL JAZZ, INC.



Principal Place of Business: **% G SCOTT SILER 12800 UNIVERSITY DR., STE 350 FT MYERS FL 33907**
Mailing Address: **% G SCOTT SILER 12800 UNIVERSITY DR., STE 350 FT MYERS FL 33907**

3. Date Incorporated or Qualified: **10/18/1985**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2566056**
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
**SILER, G SCOTT
12800 UNIVERSITY DR #350
FT MYERS FL 33907-2343**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROEK, ALLEN TEN	
STREET ADDRESS	13391 MCGREGOR BLVD. SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SILER, G SCOTT	
STREET ADDRESS	12800 UNIVERSITY DR. #350	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, PETER	
STREET ADDRESS	7791 NW 33RD ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LATONA, MICHAEL	
STREET ADDRESS	9745 BROOKHAVEN RD	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRASGREEN, MARTIN	
STREET ADDRESS	569 CHERT COURT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIMING, VAN	
STREET ADDRESS	8720 CHATHAM ST	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRIAN GARAVUSO	
1.3 STREET ADDRESS	12800 UNIVERSITY DRIVE #350	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	100001791681	
5.3 STREET ADDRESS	-04/24/96--01002--002	
5.4 CITY-ST-ZIP	***61.25	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4.19.96** Daytime Phone #: **941-481-5600**

CR2E037 (12/95)