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

FILED
Jan 16 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 # **P92000003483 (4)**

1. Corporation Name
SIGNAL INN BEACH & RACQUETBALL, INC.

Principal Place of Business	Mailing Address
1811 OLDE MIDDLE GULF DRIVE SANIBEL FL 33957	1811 OLDE MIDDLE GULF DRIVE SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1992

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

4. FEI Number: 65-0371479 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REED, JEAN
1340 MIDDLE GULF DRIVE
SANIBEL FL 33957

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STENWICK, MICHAEL W		1.2 NAME	
STREET ADDRESS	6573 GLENWOOD AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN VALLEY MN 55427		1.4 CITY-ST-ZIP	
TITLE	~~ST~~ P	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HICKS, RONALD B		2.2 NAME	
STREET ADDRESS	16 FORMAN AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JAMESBURG NJ		2.4 CITY-ST-ZIP	
TITLE	~~D~~ VP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STAMBAUGH, LANIER		3.2 NAME	
STREET ADDRESS	451 CHAPAQUA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510		3.4 CITY-ST-ZIP	
TITLE	~~VP~~ ST	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	KANE, CAROL A		4.2 NAME	
STREET ADDRESS	7 PINEFIELD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT		4.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BETTSCHART, BERT		5.2 NAME	
STREET ADDRESS	305 WILSHIRE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		5.4 CITY-ST-ZIP	
TITLE	HARTMANN, GENE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	5809 MEROLD AVE	DIRECTOR	6.2 NAME	
STREET ADDRESS	EDINA, MN 55436		6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ 1/3/98 941-472-4690