

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:59

DOCUMENT # **P94000060542 (5)**

1. Corporation Name
SANIBEL MAJIK, INC.

Principal Place of Business
**133451-16 MCGREGOR BLVD.
FORT MYERS FL 33919**

Mailing Address
**133451-16 MCGREGOR BLVD.
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/17/1994

3a. Date of Last Report

2. Principal Place of Business
21 **1200 PERIWINKLE WAY**
Suite, Apt. #, etc.
22 **# 4**

2a. Mailing Address
26 **1200 PERIWINKLE WAY**
Suite, Apt. #, etc.
27 **# 4**

4. FEI Number
65-0513393

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

23 **SANIBEL FL.**
City & State
24 **33957** Zip

28 **SANIBEL FL.**
City & State
29 **33957** Zip

9. Name and Address of Current Registered Agent

**WINER, STEVEN I
12800 UNIVERSITY DR.
SUITE 600
FORT MYERS FL 33907**

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

(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 **D**
NAME **SCHILLING, MICHAEL L**
STREET ADDRESS **13451-16 MCGREGOR BLVD.**
CITY-ST-ZIP **FT MYERS FL 33919**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **ASEN, MATTHEW**
STREET ADDRESS **497 LAKE MUREX CIRCLE**
CITY-ST-ZIP **SANIBEL FL 33957**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **FOSTER, R. JAMES**
STREET ADDRESS **3754 S.E. OCEAN BLVD.**
CITY-ST-ZIP **STUART FL 34998**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **FOSTER, KIPP**
STREET ADDRESS **3754 S.E. OCEAN BLVD.**
CITY-ST-ZIP **STUART FL 34998**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 110.07(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 197, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael L. Schilling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95 Date **813-489-2226** District Office #

MICHAEL L. SCHILLING