

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 # **P94000060542 (5)**

1. Corporation Name
SANIBEL MAJIK, INC.



Principal Place of Business: 1200 PERIWINKLE WAY STE 4 FORT MYERS FL 33957 US
Mailing Address: 1200 PERIWINKLE WAY ST 4 FORT MYERS FL 33957 US

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report: 03/17/1995
4. FEI Number: 65-0513393
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with handwritten 'SANIBEL' in City & State.

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 for this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLING, MICHAEL L	
STREET ADDRESS	13451-16 MCGREGOR BLVD.	
CITY - ST - ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASEN, MATTHEW	
STREET ADDRESS	497 LAKE MUREX CIRCLE	
CITY - ST - ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, R. JAMES	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY - ST - ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, KIPP	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY - ST - ZIP	STUART FL 34996	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V MARK BLUST	
1.3 STREET ADDRESS	17700 DEVORE LN.	
1.4 CITY - ST - ZIP	FT. MYERS, FL. 33913	
2.1 TITLE		<input 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		
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: *Michael L. Schilling* MICHAEL L. SCHILLING 1-17-96 941-472-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day, the Phone #

CR2E034 (12/95)