

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

**FILED**  
**Jan 20 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 # P94000060543 (3)**

1. Corporation Name  
**SANIBEL MAJIK, INC.**



Principal Place of Business  
**1200 PERIWINKL WAY  
 STE 4  
 SANIBEL FL 33957  
 US**

Mailing Address  
**1200 PERIWINKLE WAY  
 STE 4  
 SANIBEL FL 33957  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Sulte, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Sulte, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**08/17/1994**

4. FEI Number

**65-0513552**

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

**SCHILLING, MICHAEL L  
 1200 PERIWINKLE WAY #4  
 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

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

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *M. Schilling* MICHAEL L SCHILLING 9411-489-2226

CR2E034 (10/97)