

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000068668 (0)**

1. Corporation Name

**SANDPIPER INVESTMENTS OF SW FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>6585 NICHOLAS BLVD. 1101 NAPLES FL 33963</b>	Mailing Address <b>6585 NICHOLAS BLVD.*1101 NAPLES FL 33963</b>
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3. Date Incorporated or Qualified <b>09/16/1994</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 c/o EURO-AMERICAN CONSULTING, INC. Suite, Apt. #, etc. 3401 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 33940</b>	2a. Mailing Address <b>26 c/o EURO-AMERICAN CONSULTING, INC. Suite, Apt. #, etc. 3401 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 33940</b>	4. FEI Number <b>65-0571234</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GUDRUN M. NICKEL, P.A. 350 FIFTH AVE, S., 200 NAPLES FL 33940</b>		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		<b>FL</b>	B5 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 of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPST</b>	<b>GROSSMANN, RUDOLF</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>778 ORCHID CT</b>	2. NAME	
STREET ADDRESS	<b>MARCO ISLAND FL 33937</b>	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 in an attachment with attachments.

SIGNATURE: \_\_\_\_\_ **2/27/95**