

FROM : Ianasonic TAD/FAX

PHONE NO. : 9417656455

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**PROFIT
CORPORATION
ANNUAL REPORT
1997**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Jun 05 1997 8:00am
Secretary of State**DOCUMENT #** P95000014038
1. Corporation Name**SUNSHINE PROPERTIES OF SOUTHWEST FLORIDA, INC.**Principal Place of Business Mailing Address
1801 Estero Blvd, Suite E B. O. Box 6466
Fort Myers Beach, FL 33931 Fort Myers Beach, FL 339323. Date Incorporated or Qualified 3a. Date of Last Report
2/17/95 4/10/962. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 Suite Apt. #, etc. 2a Suite Apt. #, etc. 59-3306994 Not Applicable22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 28 24 28 29 30 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 28 29 30 **8. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****Amato, Louis X., Esq.
350 5th Avenue South
Suite 200
Naples, FL 33940-6524**01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1506, 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 is 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 607.0305, Florida Statutes.

SIGNATURE: (Print) Full name of Agent (signature required when retaining) DATE

12. OFFICERS AND DIRECTORS **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DPST ☐ DELETE NAME An Der Lan, Wolfgang STREET ADDRESS 201 N. Franklin St, Sae 2100 CITY-ST-ZIP	DPST ☐ Change ☐ Addition 1 NAME Podlasek, Brian J. 1 STREET ADDRESS 1801 Estero Blvd, Suite E 1 CITY-ST-ZIP Fort Myers Beach, FL 33931
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7 NAME 7 STREET ADDRESS 7 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8 NAME 8 STREET ADDRESS 8 CITY-ST-ZIP
☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9 NAME 9 STREET ADDRESS 9 CITY-ST-ZIP

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*****550.00**

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed 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. I am an officer or director of the corporation or the trustee 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 of this report or in the attachment with an address.

SIGNATURE: *Brian J. Podlasek* **Brian J. Podlasek**

CF25034 (9/96)