

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 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 # P95000060592 (9)

1. Corporation Name SANIBEL ISLAND INVESTMENTS, INC.



Principal Place of Business: 9113 MOCKINGBIRD DR SANIBEL ISLAND FL 33957
 Mailing Address: 9113 MOCKINGBIRD DR SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1995

4. FEI Number: APPLIED FOR 65-0685480

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address: 1619 PERIWINKLE WAY

27. Suite, Apt. #, etc.: STE 102

28. City & State: SANIBEL FL

29. Zip Country: 33957

30. Zip Country

9. Name and Address of Current Registered Agent

LOUWERS, M.S.T. T
 1619 PERIWINKLE WAY
 STE 102
 SANIBEL ISLAND FL 33957

10. Name and Address of New Registered Agent

81. Name: T. LOUWERS, M.S.T.

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: *Thomas Louwers* DATE: 9/21/98

12. OFFICERS AND DIRECTORS

TITLE: D DELETE

NAME: HERMANN, JUERG P

STREET ADDRESS: AUGUSTINERGASSE II

CITY-ST-ZIP: 4001 BASEL SWITZERLAND

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

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: D Change Addition

1.2 NAME: HERMANN JUERG P

1.3 STREET ADDRESS: IM NOLL 41

1.4 CITY-ST-ZIP: 4148 PFEFFINGEN, SWITZERLAND

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS: IM NOLL 41 ↑

2.4 CITY-ST-ZIP: 4148 PFEFFINGEN

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS: SWITZERLAND

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: *Thomas Louwers* DATE: 9/21/98

CR2E034 (5/98)