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 MAR -7 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 370043 (2)

1. Corporation Name

SOMBRERO ISLE CORP.

Principal Place of Business	Mailing Address
9891 EL GRECO CIRCLE BONITA SPRINGS FL 33923	9891 EL GRECO CIRCLE BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1970	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1367478	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 545 Lake Louise Circle	26
22 Suite, Apt. #, etc. Unit 201	27 Suite, Apt. #, etc. ← SAME
23 City & State Naples, FLA.	28 City & State
24 Zip 33940 25 Country Collier	29 Zip 30 Country

9. Name and Address of Current Registered Agent

DRAKOS,LOUIS J.
9891 EL GRECO CIRCLE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: DRAKOS, Louis J.
82 Street Address (P.O. Box Number is Not Acceptable): 545 Lake Louise Circle
83 Unit 201
84 City: Naples FL 85 Zip Code: 33940

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 _____ (NOTE: Registered Agent signature required when completed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☑ Change ☐ Addition
NAME	DRAKOS, LOUIS	12 NAME	
STREET ADDRESS	9891 EL GRECO CIRCLE	13 STREET ADDRESS	545 LAKE Louise Circle
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	NAPLES FL. 33940
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	DRAKOS,LOUIS J.	22 NAME	
STREET ADDRESS	9891 EL GRECO CIRCLE	23 STREET ADDRESS	545 LAKE Louise Circle
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	NAPLES, FL. 33940
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Louis J. Drakos 2/26/95 813-545-1614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0324009 GP