

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **370043** (2)
1. Corporation Name
SOMBRERO ISLE CORP.



Principal Place of Business 545 LAKE LOUISE CIRCLE UNIT 201 NAPLES FL 33940 US	Mailing Address 545 LAKE LOUISE CIR UNIT 201 NAPLES FL 34110-8072 US
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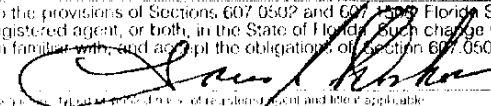
2. Principal Place of Business 21 Louis J. Drakos A.I.A. 22 275 Gulfshore Blvd. N. 23 Naples, FL 34102 24 City & State 25 Zip 26 Country Collier	2a. Mailing Address 26 Louis J. Drakos A.I.A. 27 275 Gulfshore Blvd. N. 28 Naples, FL 34102 29 City & State 30 Zip 31 Country Collier
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3. Date Incorporated or Qualified 09/21/1970	3a. Date of Last Report 01/26/1996
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	

9. Name and Address of Current Registered Agent DRAKOS, LOUIS J. 545 LAKE LOUISE CIRCLE UNIT 201 NAPLES FL 33940	
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10. Name and Address of New Registered Agent Louis J. Drakos A.I.A. 275 Gulfshore Blvd. N. Naples, FL 34102	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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.

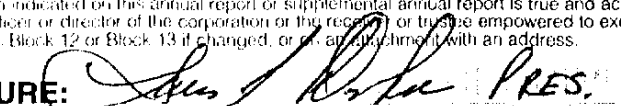
SIGNATURE 

(NOTE: Registered Agent signature required with this filing.) DATE **3/16/97**

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PDT DRAKOS, LOUIS
STREET ADDRESS	545 LAKE LOUISE CIR
CITY-ST-ZIP	NAPLES-FL
TITLE	☐ DELETE
NAME	S DRAKOS, LOUIS J.
STREET ADDRESS	545 LAKE LOUISE CIR
CITY-ST-ZIP	NAPLES-FL
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	☒ Change ☐ Addition
1.2 NAME	Louis J. Drakos A.I.A.
1.3 STREET ADDRESS	275 Gulfshore Blvd. N.
1.4 CITY-ST-ZIP	Naples, FL 34102
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Louis J. Drakos A.I.A.
2.3 STREET ADDRESS	275 Gulfshore Blvd. N.
2.4 CITY-ST-ZIP	Naples, FL 34102
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 do 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 registered 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 amendment with an address.

SIGNATURE:  PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/97 941-403-7707
Date Daytime Phone #

CR2E034 (9/96)