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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **370043** **(2)**

1. Corporation Name
SOMBRERO ISLE CORP.

Principal Place of Business	Mailing Address
545 LAKE LOUISE CIRCLE UNIT 201 NAPLES FL 33940 US	545 LAKE LOUISE CIR UNIT 201 NAPLES FL 34110-8072 US

2. Principal Place of Business 21 Louis J. Drakos A.I.A. 275 Gulfshore Blvd. N. 22 Suite, Apt. #, etc. Naples, FL 34102 23 City & State 24 Zip 25 Country Collier	2a. Mailing Address 26 Louis J. Drakos A.I.A. 275 Gulfshore Blvd. N. 27 Suite, Apt. #, etc. Naples, FL 34102 28 City & State 29 Zip 30 Country Collier

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	10. Name and Address of New Registered Agent
DRAKOS,LOUIS J. 545 LAKE LOUISE CIRCLE UNIT 201 NAPLES FL 33940	81 Name: Louis J. Drakos A.I.A. 82 Street Address (P.O. Box Number is Not Acceptable): 275 Gulfshore Blvd. N. 83 84 City: Naples, FL 34102 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Louis J. Drakos DATE: Louis J. Drakos A.I.A.
275 Gulfshore Blvd. N.
Naples, FL 34102
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when adding or changing registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	DRAKOS, LOUIS	1.2 NAME	Louis J. Drakos A.I.A.
STREET ADDRESS	~~545 LAKE LOUISE CIR~~	1.3 STREET ADDRESS	275 Gulfshore Blvd. N.
CITY-ST-ZIP	~~NAPLES FL~~	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	S ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	DRAKOS,LOUIS J.	2.2 NAME	Louis J. Drakos A.I.A.
STREET ADDRESS	~~545 LAKE LOUISE CIR~~	2.3 STREET ADDRESS	275 Gulfshore Blvd. N.
CITY-ST-ZIP	~~NAPLES FL~~	2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Louis J. Drakos PRES. 3/16/97 941-403-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #