

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 645913 (5)

1. Corporation Name

ESTERO BAY PROPERTIES, INC.



Principal Place of Business

7401 ESTERO BLVD.
P.O. BOX 2459
FORT MYERS BEACH FL 33931

Mailing Address

7401 ESTERO BLVD.
P.O. BOX 2459
FORT MYERS BEACH FL 33931

3. Date Incorporated or Qualified
11/20/1979

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, KITTY
13741 DOWNING LANE Q-2
FORT MYERS FL 33919

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, KITTY	
STREET ADDRESS	13741 DOWNING LN Q-2	
CITY- ST- ZIP	FT. MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, MICHAEL F.	
STREET ADDRESS	% BAY BEACH, 7401 ESTERD BLVD	
CITY- ST- ZIP	FT. MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAKIM, JOSEPH	
STREET ADDRESS	% BAY BEACH, 7401 ESTERD BLVD.	
CITY- ST- ZIP	FT. MYERS BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TAYLOR, JACKY JACKIE	
STREET ADDRESS	1079 SOUTHDALE RD.	
CITY- ST- ZIP	FT. MYERS FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	TAYLOR, JACKIE LAMBERT, NANCY	
STREET ADDRESS	210 ESTRELITA ST.	
CITY- ST- ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kitty Taylor* KITTY TAYLOR, PRESIDENT 1/17/95 941-4634437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)