

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAR - 1 PH 2: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 741043 (4)

1. Corporation Name  
SAYANA OF SANIBEL, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1977	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1978253	Applied For Not Applicable

Principal Place of Business	Mailing Address
11595 KELLY RD. STE. 123 FORT MYERS FL 33908 US	11595 KELLY RD. STE. 123 FT MYERS FL 33908 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Delete "Ste. 123"	Suite, Apt. #, etc. 27 Delete "Ste. 123"
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
INNOVATIVE MANAGEMENT GROUP INC  
11595 KELLY RD.  
STE. 123  
FT MYERS FL 33908

10. Name and Address of New Registered Agent  
81 Name  
CAROL J. HENKE c/o INNOVATIVE MANAGEMENT GROUP  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Delete "Ste. 123"  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLANDON, JOHN
STREET ADDRESS	3020 S. DORCHESTER RD.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VSD
NAME	RADEFELD, CAROL
STREET ADDRESS	5419 ROSECLIFF DR
CITY-ST-ZIP	LORAIN OH
TITLE	VTD
NAME	LOE, JOAN
STREET ADDRESS	2815 MEDICINE RIDGE RD
CITY-ST-ZIP	PLYMOUTH MN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" 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	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Holmer, Carol
4.3 STREET ADDRESS	13120 38th Avenue N
4.4 CITY-ST-ZIP	Plymouth, MN 55441
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 110.07(3)(h), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Radefeld Carol Radefeld 2/3/94 (316) 382-8412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Number)