

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 741043 (4)

1. Corporation Name
SAYANA OF SANIBEL, INC.



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

3. Date Incorporated or Qualified: 12/13/1977
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 12661 New Brittany Blvd.	26 12661 New Brittany Blvd.	59-1978253	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Fort Myers, FL	28 Fort Myers, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33907	25 USA	29 33907	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
HENKE, CAROL J
11595 KELLY RD.
FT MYERS FL 33908

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
12661 New Brittany Blvd.
B3
B4 City: Fort Myers FL B5 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Carol J Henke* (NOTE: Registered Agent signature required when reinstating)
DATE: 2/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMER, CAROL	1.2 NAME	
STREET ADDRESS	13120 38TH AVENUE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADEFELD, CAROL	2.2 NAME	
STREET ADDRESS	5419 ROSECLIFF DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LORAIN OH	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOE, JOAN	3.2 NAME	
STREET ADDRESS	2815 MEDICINE RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* DATE: Feb 16, 1996 (216) 282-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)