

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741043** (4)
1. Corporation Name
SAYANA OF SANIBEL, INC.



Principal Place of Business 12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US	Mailing Address 12661 NEW BRITTANY BLVD FT MYERS FL 33907-3631 US	3. Date Incorporated or Qualified 12/13/1977	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1978253	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

HENKE, CAROL J 12661 NEW BRITTANY BLVD FT MYERS FL 33907	81. Name Stilphen, Peter
	82. Street Marquis Management, Inc. 12661 New Brittany Blvd.
	83. City Fort Myers, Fl. 33907
	84. City
85. Zip Code	

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: *Peter Stilphen* PETER STILPHEN 1/20/97 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VSD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" 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 Plymouth, MN 55441	
TITLE PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" 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 minneapolis, MN 55441	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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* **REQUIRED** April 3, 1997 (216) 282-8002
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0065519

CR2E037 (9/96)