

1-29-97 B-1022 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F10203** (0)
1. Corporation Name
ESTEPONA INVESTMENTS, INC.

Principal Place of Business 1047 SUN CITY CENTER PLAZA SUITE 801A SUN CITY CENTER FL 33573 US	Mailing Address 1647 SUN CITY CENTER PLAZA SUITE 201A SUN CITY CENTER FL 33573-5334 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1980	3a. Date of Last Report 01/31/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2038367		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 Country	

9. Name and Address of Current Registered Agent CHARMAN, JOHN 1647 SUN CITY CENTER PLAZA SUITE 201A SUN CITY CENTER FL 33573		10. Name and Address of New Registered Agent	
		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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHARMAN, JOHN	1.2 NAME	
STREET ADDRESS	1647 SUN CITY CENTER PLAZA, SUITE 201A	1.3 STREET ADDRESS	CENTER
CITY-ST-ZIP	SUN CITY CENTER FL 33573	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

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 in an attachment with an address.

SIGNATURE **JOHN CHARMAN** 1-29-97 013-123-7554

CR2E034 (9/96)