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APPROVED AND FILED

63 MAY 10 1995 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G65701 (6)
1. Corporation Name:
SANIBEL-CAPTIVA SHOPPER GUIDE, INC.

Principal Place of Business: **695 TARPON BAY ROAD P. O. BOX 171 SANIBEL FL 33957**
Mailing Address: **695 TARPON BAY ROAD P. O. BOX 171 SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. # etc: **22**
City & State: **23**
Zip: **24** County: **25** Zip: **29** County: **30**

3. Date Incorporated or Qualified: **10/19/1983**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2595861** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. The corporation has hereby adopted the new Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**BAUM, CARLENE
836 ANGEL WING DRIVE
SANIBEL FL 33957**

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1508, Florida Statutes, the above named corporation admits 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OFF	P
NAME	BAUM, CARLENE
STREET ADDRESS	836 ANGEL WING DRIVE
CITY, STATE, ZIP	SANIBEL, FL 00000
OFF	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
11 STREET ADDRESS	
11 CITY, STATE, ZIP	
12 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
12 STREET ADDRESS	
12 CITY, STATE, ZIP	
13 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	
13 STREET ADDRESS	
13 CITY, STATE, ZIP	
14 OFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
14 STREET ADDRESS	
14 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(4)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 180, Florida Statutes, and that my name appears on Block 12 or Block 13, attached or as an attachment with an address.

SIGNATURE: *Carlene F. Baum* **5/12/95** **472-2612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR