

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H68770 (7)

1. Corporation Name: SANDICK RESORT SERVICES, INC.



Principal Place of Business: 10301 BONITA BEACH RD. P.O. BOX 3427 BONITA SPRINGS FL 33959  
Mailing Address: 10301 BONITA BEACH RD. P.O. BOX 3427 BONITA SPRINGS FL 33959

2. Principal Place of Business: 21 10305 Bonita Beach Rd. State, Apt. #, etc.: 22 City & State: 23 Bonita Springs, FL Zip: 24 33923 Country: 25  
2a. Mailing Address: 26 P.O. Box 3427 State, Apt. #, etc.: 27 City & State: 28 Bonita Springs, FL Zip: 29 33959 Country: 30

3. Date Incorporated or Qualified: 07/29/1985  
3a. Date of Last Report: 01/18/1995  
4. FEI Number: 59-2582048 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: SANDICK, BENNETT C. 10301 BONITA BEACH RD. BONITA SPRINGS FL 33923  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 10305 Bonita Beach Road S.E. 83 City: 84 Bonita Springs, FL 85 Zip Code: 33923

11. Pursuant to the provisions of Sections 607.07(1) 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, Sections 607.07(1) and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* Bennett C. Sandick 4/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDICK, BENNETT C.	2. NAME	
STREET ADDRESS	18 CARIBBEAN RD.	3. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4. CITY-ST-ZIP	
TITLE	DS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDICK, PATRICIA J.	6. NAME	
STREET ADDRESS	18 CARIBBEAN RD.	7. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in a position of officer or director with an address.

SIGNATURE: *[Signature]* Pres. Bennett C. Sandick, Pres. 4/9/96 941-992-7433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)