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PROFIT **CORPORATION** ANNUAL REPORT



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

1996

J18918 **DOCUMENT #** 

(9)

SANDY BEACH HIDEAWAY, INC.

| ·   |   |              |
|---|---|--------------|
| Principal Piace of Business   | Mailing Address   |              |
| % JOYCE E. MOLISANI<br>2870 ESTERO BOULEVARD<br>FORT MYERS BEACH FL 33931 | % JOYCE E. MOLISANI<br>2870 estero Boulevard<br>Fort Myers Beach Fl 33931 |              |
|   |   | 3. Date Inco |

|  |  |                                       |                          |  |   |  |  | 3. '       | 06/09/1986   |          |         | 11/06/199               | 95                     |
|--|--|---------------------------------------|--------------------------|--|---|--|--|------------|--|----------|---------|-------------------------|------------------------|
|  | Place of Business  |                                       |                          | failing Address                            |   |  |  | 4.         | FEI Number<br>06-1213650                           |          | ·       |                         | Applied For            |
| 1  |  |                                       | 26                       |  |   |  |  |            | 00 12 10000  |          |         |                         | Not Applicable         |
| ੁ Suite, Apt.<br>⊵2]   | . #, etc.  |                                       | 27 S                     | uite, Apt. #, etc.                         |   |  |  | 5. (       | Certificate of Status Des                          | sired    |         |                         | Additional<br>Required |
| City & Stal  | te   |                                       | 28                       | ity & State                                |   |  |  |            | Election Campaign Finar<br>Trust Fund Contribution | •        |         |                         | O May Be<br>d to Fees  |
| Zφ   | Count  | ry                                    |                          | ib   | <b>├</b> ──   | intry  |  |            | This corporation has liab                          |          | ~       | tax under s             | 199.032,               |
| 4  | 25   |                                       | 29                       |  | 30  | 1  |  |            | Florida Statutes<br>Name and Address of            | Yes      |         | d Ameni                 |                        |
|  | 9, Name and Addi   | ess of Curren                         | t Register               | red Agent                                  |   | 81   | Name   | 10.        | Name and Address of                                | New P    | gistere | J Agent                 |                        |
| DADUK  | 10 1104 0  |                                       |                          |  |   | "  | Name   |            |  |          |         |                         |                        |
|  | NG, LISA C.  |                                       |                          |  |   | 82   | Street Add   | ress (P.C  | ). Box Number is Not A                             | cceptabl | e)      |                         |                        |
|  | STERO BOULEVARD  |                                       |                          |  |   |  |  |            |  |          |         |                         |                        |
| FORT I   | MYERS BEACH FL 3   | 3931                                  |                          |  |   | 83   |  |            |  |          |         |                         |                        |
|  |  |                                       |                          |  |   | 84   | City   |            |  |          |         | <b>85</b> 21            | p Code                 |
|  |  |                                       |                          |  |   | 64   | City   |            |  |          | F       | L   <sup>65</sup>   ~ " | p code                 |
| or registe<br>familiar w<br>SIGNATURE  | to the provisions of Sec<br>ered agent, or both, in th<br>with, and accept the oblig<br>Signature, typed or printed pant                 | e State of Floric<br>ations of, Secti | da. Such c<br>ion 607,05 | hange was authoriz<br>05, Florida Statutes | zed by the a<br>s.  | corpo  | oration's boa  | ard of din | ectors. I hereby accept                            | the appo | DATE    | as registered           | Jagent, I am           |
| 12.  |  | OFFICERS AND                          |                          |  | 13.   | 3 r g  | Cog Clote to pro   |            | ADDITIONS/CHANGES                                  | TO OFFI  |         | ND DIRECTO              | ORS IN 12              |
| TILE   | 10   | OTT TOESTO TO TO                      | Diricon                  | DELETE                                     | 1 1 1   | INTLE  |  |            | 201101010101111020                                 |          |         | ☐ Change                |                        |
|  | MOLISANI, JOYO   | E E.                                  |                          | Section                                    | 1.2 N   |  |  |            |  |          |         |                         |                        |
| NAME   | AN EDIENTICHID   |                                       |                          |  |   |  | 4000100  |            |  |          |         |                         |                        |
| STREET ADDRESS   | 001111211221111  | Ψ.                                    |                          |  | 135   | IRELI  | ADDRESS  |            |  |          |         |                         |                        |
|  |  |                                       |                          |  |   |  |  |            |  |          |         |                         |                        |
|  | BOLIVAR NY   |                                       |                          | FTI DC: FIE                                | 1.4 0   | ITY - S  | 1 - ZIP  |            |  |          |         | Changi                  | - Addition             |
|  | BOLIVAR NY   | e r                                   |                          | ☐ DELETE                                   | 1.4 C   | TITLE  | T-ZIP  |            |  |          |         | Change                  | Addition               |
| CHY-ST-7IP<br>TITLE<br>NAME  | P MOLISANI, LOUI   |                                       |                          | ☐ DELĒTE                                   | 1.4 0   | TITLE  | 1 - ZIP  |            |  |          |         | Change                  | ☐ Addition             |
| TITLE<br>NAME  | BOLIVAR NY P MOLISANI, LOUI 60 FRIENDSHIP  |                                       |                          | ☐ DELETE                                   | 1.4 C<br>2 11<br>2.2 N  | IITLE<br>IAME  | 1-ZIP ADDRESS  |            |  |          |         | Change                  | ☐ Addition             |
| HILE<br>NAME<br>STREET ADDRESS   | BOLIVAR NY P MOLISANI, LOUI 60 FRIENDSHIP BOLIVAR, NY.   |                                       |                          |  | 1.4 C<br>2 11<br>2.2 N<br>2.3 S   | IITLE<br>IAME  | ADDRESS  |            |  |          |         |                         |                        |
| TITLE NAME STREET ADDRESS CITY - ST - Z-P  | BOLIVAR NY P MOLISANI, LOUI 60 FRIENDSHIP BOLIVAR, NY. VP  | ST.                                   |                          | ☐ DELETE                                   | 1.4 C<br>2 11<br>2.2 N<br>2.3 S   | TITLE<br>IAME<br>ITREET  | ADDRESS  |            |  |          |         | Change                  | Addition               |
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| THE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZP<br>THE<br>NAME  | BOLIVAR NY P MOLISANI, LOUI 60 FRIENDSHIP BOLIVAR, NY. VP SIMONS, WILLA 355 N SHARE R  | ST.<br>RD L.                          | ***                      |  | 1.4 C<br>2.11<br>2.2 N<br>2.3 S<br>2.4 C<br>3.11<br>3.2 N   | ITLE IAME ITREET ITY-S ITTLE IAME  | ADDRESS  |            |  |          |         |                         |                        |
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certify that the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this annual report or supplied in the information indicated on this 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 of office of original control or the receiver for 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 changes, or on an attachment with an address.

SIGNATURÉ: