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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K37605 (8)

1. Corporation Name
SANCTUARY VENTURES, LTD., INC.

Principal Place of Business

2081 E. OCEAN BLVD
2ND FLOOR
STUART FL 34996

Mailing Address

2081 E. OCEAN BLVD
2ND FLOOR
STUART FL 34996-3395



2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc

26 Suite Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
10/07/1988

3a. Date of Last Report
09/23/1996

4. FEI Number

65-0122025

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, THOMAS R
2081 E. OCEAN BLVD., 2ND FL
STUART FL 34996

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

Thomas R. Sawyer

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MILLARD, CHARLES E.F.	
STREET ADDRESS	72 S.E. GOLFHOUSE DR.	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE	SDT	☐ DELETE
NAME	O'REILLY, EDWARD F	
STREET ADDRESS	56 COLEYTOWN RD.	
CITY- ST- ZIP	WESTPORT CT 06880	
TITLE	D	☐ DELETE
NAME	DUNAGAN, JOHN C.	
STREET ADDRESS	193 NORTH AVE.	
CITY- ST- ZIP	WESTPORT CT 06880	
TITLE	V	☐ DELETE
NAME	CHASE, DAVID	
STREET ADDRESS	2964 N.E. SEWALL'S LANDING WAY	
CITY- ST- ZIP	JENSEN BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

Date

Daytime Phone

0472179

CR2034 (9/96)