FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16198

(8)

Mailing Address

OUT ISLAND HOSPITALITY GROUP, INC.

FILED
May 07 1997 8:00am
Secretary of State

|--|--|--|

2514 LANDS END PL SANIBEL FL 33957		2514 LANDS END PL SANIBEL FL 33957-2129		·		
				3. Date incorporated or Qualified 09/13/1989	3e. Date of Last Re 11/15/1996	port
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0154535	Not	Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N	
Zφ	Country	Zip	Country	8. This corporation has liability for it	ntangible_tax under s	199.032,
24	25		30		Yes 🔏 No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Jistered Agent	
	HEIMER, MICHAEL S		81 Name			
	I LANDS END PL		62 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
SAN	IBEL FL 33957			, , , , , , , , , , , , , , , , , , , ,		
			B 3			
			84 City		85 Zip C	ode
			UNI ONLY		FL S 250	000
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statutes	s, the above-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its	registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblid	e of Florida, Such change was at lations of Section 607.0505. Flor	itnorizea by the corpori ida Statutes.	ation's board of directors. I hereby accep	t the appointment as n	agistered
		,,				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature req	ulred when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 12
THILE	P	DELETE	1.1 TITLE		Change	Addition
NAME	BILLHEIMER, MICHAEL		1.2 NAME			
STHEET ADDRESS	2514 LANDS END PL		1.3 STREET ADDRESS			
City - St - 7IP	SANIBEL FL 33957		1.4 CITY - ST - ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition
NAME	BILLHEIMER, PAULA		2.2 NAME			
STREET ADDRESS	13700-L2 RALEIGH LN		2.3 STREET ADDRESS			
C-TY-ST-7IP	FT MYERS FL 33919		2.4 CITY-ST-ZIP			
7016	8	DELETE	31 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME:	BILLHEIMER, MICHAEL S		3.2 NAME			
STREET ADDRESS	2514 LANDS END PL		3.3 STREET ADDRESS			
CHY-SI-7IP	SANIBEL FL 33957		3.4. CITY-ST-ZIP			
THUE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		<u></u>	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZIP			4.4 City-ST-ZIP			
HILE		DELETE	5.1 TITLE		☐ Change	Addition
NAMI	1	broad to be and I be	5.2 NAME		ment with a	
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZPP THLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
		First Oction	L i		C Cutange	roution
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
	h appliful that the first	and with their filings when a set a serie.		and in Continu 110 07/09/3 Florida Continu	a I forther continues a	<u></u> _
CFY-SI-Zif 14. I do here informatic I am an c appears	by certify that the information supplied on indicated on this annual report or officer or director of the corporation in Block 12 or Block 13 if pranged	ed with this filing does not qualify supplemental annual report is fr or the receiv for tusted empower or or an athigh point with an add	64 CITY-ST-ZIP for the exemption statue and accurate and the ered to execute this repress.	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that to I effect as if made und Italules; and that my na	he er o ame