SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS

FILED Aug 07 1997 8:00am Secretary of State

| | 1997 | DIVISION OF S | JONE ONA | 10140 | | | | | | |
|--|---|--|-----------------------------|-------------------------|---------------------|--|--------------------------|---|----------------------------|-----|
| DOCUMENT # L20074 (5) HOLIDAY ENTERPRISES OF SANIBEL, INC. | | | | | | 1 1011/2011 810 NAN 1121/1 001/1 1081/1 01 | | (1888) | | |
| Principal Plac | on of Business | Mailing Address | | | | | | | | |
| | | 1690 EDITH ESPLANADE | | | į. | | | | | |
| 1690 EDITH ESPLANADE CAPE CORAL FL 33904 | | CAPE CORAL FL 33904 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | <u> </u> | 3. Date Incorporated or Qualified | | ate of Last R | eport | 1 |
| | | | | | | 10/02/1989 4. FEI Number | l l | 06/1996 | | |
| | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For | 1 |
| 21 | | 26 | | | | 65-0198935 | | | ot Applicable | 1 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional equired | |
| City & Stat | le | City & State | | | | 6. Election Campaign Financing | · | \$5.00 | | 1 |
| 23 | | 28 | 28 | | | Trust Fund Contribution | | | to Fees | |
| Zip | | | Count | ry | | This corporation owes or has partial. | - | | | |
| 24 | 25 9. Name and Address of Curre | nt Registered Agent | [30] | | | Personal Property Tax due June 0. Name and Address of New Re | | |] No | ┨ |
| COL | RDICK, MARY ANN | The state of the s | 8 | 1 Name | | o, mano ara monoco or mon m | giotore | - Bont | | 1 |
| | O EDITH ESPLANADE | | 8 | Otrest | | (D.O. Barris III Market | L 1 - 3 | | | - |
| | PE CORAL FL 33904 | | ° | Z Street | Address | (P.O. Box Number is Not Accepta | DIE) | | | |
| | | | 8 | 3 | | | | | | 1 |
| | | | 8 | 4 City | | | | 85 Zip (| Code | 1 |
| | | | | | | | FL | , ` ` | | 1 |
| 11. Pursuant office or r | to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig | 02 and 607.1508, Florida Statut e of Florida. Such change was a | es, the abo authorized t | ve-named by the corp | corpora poration | tion submits this statement for the p s board of directors. I hereby acce | purpose of pt the app | t changing it ointment as | s registered registered | 1 |
| | ım familiar with, and accept the obliq | gations of, Section 607.0505, Flo | orida Statut | ês. | | | | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title if applicable (NOT | E: Registored A | gent signature | e required w | hen reinstating) | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | S IN 12 | 407 |
| TITLE | | | 1.1 TITLE | | Į. | | | Change | Addition | |
| NAME | GORDICK, PETER M | | | | | | | | | E32 |
| STREET ADDRESS | 1690 EDITH ESPLANADE | | | 1.3 STREET ADDRESS | | | | | | Įμ |
| CITY-ST-ZIP TITLE | CAPE CORAL FL 33904 STD | | | ST-ZIP | | | | Change | Addition | 8 |
| NAME | GORDICK, MARY ANN | LJ DELETE 21TI | | | l l | | | onungo | 710011011 | 1 |
| STREET ADDRESS | 1690 EDITH ESPLANADE | | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 2 4 CITY | | | | | | | |
| TITLE | | DELETE 3.1 TI | | | | | | Change | ☐ Addition | 1 |
| NAME | 3.2 h | | 3.2 NAMI | | | | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | ŀ | | | | | |
| CITY-ST-ZIP | | T prieze | 3.4. CITY | | ļ | | | []_0, | Address. | ⇃ |
| TITLE | | DELETE | 4.1 TITLE | | 1 | | | ∐ Change | ☐ Addition | - |
| NAME Street address | | | 4.2 NAM | E EY ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | | Change | Addition | 1 |
| NAME | | | 5.2 NAME | | ì | | | , | | 1 |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | 1 |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | | |] |
| TITLE | | DELETE | 61 TITLE | | | | | Change | Addition | |
| NAME | | | 6.2 NAM | | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | by cortify that the information cumplic | ad with this filing does not | 6.4 CITY | | stated in | Cootion 110 07/2)/i) Florido Cintur | n I formation | e nachif. z dh - 1 | the | Į |

representation of the corporation of the corporation of the corporation of 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 or the receiver or pustee 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 on an attachment with an address.

VS VIET