

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033831 (7)

1. Corporation Name

SANDCASTLE GRILL, INC.



Principal Place of Business

15675 MCGREGOR BLVD
FT MYERS FL 33908
US

Mailing Address

15675 MCGREGOR BLVD
FT MYERS FL 33908
US

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0412099

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

29

30

6. Election Campaign Financing

\$5.00 May Be
Added to Fees
Trust Fund Contribution

24

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**POWELL, WILLIAM M
2002 DEL PRADO BLVD.
SUITE 105
CAPE CORAL FL 33990**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE

DP
LAMBERG, JOHN J
112 S. CIRCLE AVE.
BLOOMINGDALE IL 60108

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2. TITLE

V
LAMBERG, SALLY I
112 S. CIRCLE AVE.
BLOOMINGDALE IL 60108

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE

S
LAMBERG, MARILYN
1721 S.E. 21ST TERRACE
CAPE CORAL FL 33990

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE

T
LAMBERG, MARILYN
1721 S.E. 21ST TERRACE
CAPE CORAL FL 33990

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Sally Lamberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 941-482-1166

Daytime Phone #

CR2E034 (12/95)