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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000073196 (6)

1. Corporation Name
CALUSA ISLES, INC.

Principal Place of Business	Mailing Address
1085 BALD EAGLE DR. SUITE E-605 MARCO ISLAND FL 33937 US	1085 BALD EAGLE DR. STE E605 MARCO ISLAND FL 33937 US

3. Date Incorporated or Qualified: **10/15/1993**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 358 MEADOWLARK CT.
22: Suite, Apt. #, etc.: —
23: City & State: MARCO ISLAND, FL
24: Zip: 33937
25: Country:

2a. Mailing Address
26: 358 MEADOWLARK CT
27: Suite, Apt. #, etc.: —
28: City & State: MARCO ISLAND, FL
29: Zip: 33937
30: Country:

4. FEI Number: **65-0444761** ☐ 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

SCUDERI, SALVATORE C
C/O SCUDERI & CHILDS
909 N COLLIER BLVD.
MARCO ISLAND FL 33969

10. Name and Address of New Registered Agent

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 agent is a corporation) (NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOLAN, FREDERICK H. 1085 BALD EAGLE DR STE E605 MARCO ISLAND FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 358 MEADOWLARK CT MARCO ISLAND FL. 33937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NOLAN, KURTIS 1085 MAINSAIL DR., SUITE 1802 NAPLES FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NOLAN, NEVA 1085 BALD EAGLE DR., SUITE E-605 MARCO ISLAND FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 358 MEADOWLARK CT MARCO ISLAND FL 33937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: Neva S. Nolan NEVA S. NOLAN 5/13/96 941 394-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #