

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 JUN 23 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075643 (5)  
1. Corporation Name  
SHANGRI-LA HEALTH RESORT & SPA  
OF BONITA SPRINGS CORPORATION

Principal Place of Business Mailing Address

27580 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10-22-93	
4. FEI Number 65-0446717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent  
THOMAS B. GARLICK, ESQ.  
800 LAUREL OAK DRIVE (STE. 400)  
NAPLES, FL 33963

10. Name and Address of New Registered Agent	
81 Name MAX AMERSBERGER	
82 Street Address (P.O. Box Number is Not Acceptable) 27580 OLD 41 ROAD	
83	
84 City BONITA SPRINGS	85 Zip Code FL 34135

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 MAX AMERSBERGER T.D. 06-24-98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.S. LEO DAHLMANN 27580 OLD 41 ROAD P.O. BOX 1492 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P HENRY HOCHSTETLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27580 OLD 41 ROAD BONITA SPRINGS, FL 34135
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S.D. JUERGEN SCHNEIDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 30066 KINGSTON LANE WESTOVER, MD 21871
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V.P.D. PETER F. RIPPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27580 OLD 41 ROAD BONITA SPRINGS, FL 34135
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T.D. MAX AMERSBERGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27580 OLD 41 ROAD BONITA SPRINGS, FL 34135
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002578362-0 -07/01/98-01097-027 *****550.00 *****550.00
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002578362-0 07/01/98-01097-028 *****550.00 *****550.00

14. I 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 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: P. RIPPER 06-24-98 (305) 9054075  
Signature typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (10/97)