

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 # P94000029968 (2)

1. Corporation Name

SANCASTLE REALTY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1554 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

Mailing Address

1554 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 2340 Periwinkle Way

26 2340 Periwinkle Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 J-3

27 J-3

City & State

City & State

23 Sanibel Island, FL

28 Sanibel Island, FL

Zip

Country

Zip

Country

24 33957

25

29 33957

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LODGE, TERRI A
1554 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

81 Name Robert Lee Ratliff III

82 Street Address (P.O. Box Number is Not Acceptable)

2340 Periwinkle Way

83 Suite J-3

84 City Sanibel Island

FL

85 Zip Code

33957

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

TITLE PSTD
NAME LODGE, TERRI A
STREET ADDRESS 1554 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL ISLAND FL 33957

DELETE

1.1 TITLE PSTD
1.2 NAME Robert Lee Ratliff III
1.3 STREET ADDRESS 2340 Periwinkle Way, J-3
1.4 CITY-ST-ZIP Sanibel Island, FL 33957

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DELETE

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

Change Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 395-1300

CR2E034 (12/95)