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FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000068992 (4)

1. Corporation Name

JACOBSON GROUP-LIDO BEACH, INC.

Principal Place of Business

1330 BEN FRANKLIN DRIVE  
SARASOTA FL 34236  
US

Mailing Address

5750 MIDNIGHT PASS RD  
402E  
SARASOTA FL 34242-3011  
US

3. Date Incorporated or Qualified  
09/20/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0550350

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. 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

JACOBSON, GORDON O  
5750 MIDNIGHT PASS RD.  
#402E  
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

JACOBSON, MARJORIE

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

5750 MIDNIGHT PASS RD, SUITE 402E

83

84 City

SARASOTA

FL

85 Zip Code

34242

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

Marjorie Jacobson, R.E.

3-6-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VP	BERUFF, CARLOS	1223 APPLETON ROAD	MENASHA WI	<input type="checkbox"/>
VP	JACOBSON, ERIC J	1223 APPLETON ROAD	MENASHA WI	<input type="checkbox"/>
PRES	JACOBSON, MICHAEL J	1223 APPLETON ROAD	MENASHA WI	<input type="checkbox"/>
AS	PAVONY, DONALD	1223 APPLETON ROAD	MENASHA WI	<input type="checkbox"/>
CB	JACOBSON, GORDON O	1223 APPLETON ROAD	MENASHA WI	<input checked="" type="checkbox"/>
VPS	JACOBSON, KURT R	1223 APPLETON ROAD	MENASHA WI	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0430954

CR2E034 (9/96)