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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

4. FEI Number

65-0550350

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

MARJORIE JACOBSON

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

MARJORIE JACOBSON

(NOTE: Registered Agent signature required when reinstating)

4/22/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BERUFF, CARLOS**
CITY- ST- ZIP **1223 APPLETON ROAD**
MENASHA WI

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **JACOBSON, ERIC J**
CITY- ST- ZIP **1223 APPLETON ROAD**
MENASHA WI

TITLE ☐ DELETE
NAME **PRES**
STREET ADDRESS **JACOBSON, MICHAEL J**
CITY- ST- ZIP **1223 APPLETON ROAD**
MENASHA WI

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **PAVONY, DONALD**
CITY- ST- ZIP **1223 APPLETON ROAD**
MENASHA WI

TITLE ☐ DELETE
NAME **VPS**
STREET ADDRESS **JACOBSON, KURT R**
CITY- ST- ZIP **1223 APPLETON ROAD**
MENASHA WI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

Kurt R Jacobson

Kurt Jacobson

4/24/98 920-722-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

FAX

CR2E034 (10/97)