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FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000013210 (6)**

1. Corporation Name

**SOUTH FLORIDA SEASIDE RESORTS, INC.**

Principal Place of Business

**3045 ESTERO BLVD  
UNIT #9-C  
FT MYERS BEACH FL 33931  
US**

Mailing Address

**3045 ESTERO BLVD  
UNIT 9-C  
FT MYERS BEACH FL 33931  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/16/1995**

4. FEI Number

**65-0566229**

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

**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**

9. Name and Address of Current Registered Agent

**SMITH, KATHLEEN A  
2449 JASPER AVE  
FT MYERS FL 33904**

10. Name and Address of New Registered Agent

**81** Name

**Pete Melonis**

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

**3047 ESTERO BLVD # 2**

**83**

**84** City

**FT MYERS BEACH**

**FL**

**85** Zip Code  
**33931**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME**  
**DPST**  
**KOCH, WOLFGANG G**  
**STREET ADDRESS**  
**4745 ESTERO BLVD UNIT 1603-A**  
**CITY-ST-ZIP**  
**FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

**NAME**  
**D**  
**DAVIS, GORDON B**  
**STREET ADDRESS**  
**6214 PRESIDENTIAL CT, #G**  
**CITY-ST-ZIP**  
**FT MYERS FL**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

*[Signature]*  
**3/17/98**

CR2E034 (10/97)