

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

FILED  
May 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000032725 (0)**

1. Corporation Name

**SIESTA GULF VIEW VACATION RENTALS, INC.**



Principal Place of Business <b>SANDY KEITH</b> <b>16 CHURCH ST.</b> <b>OSPREY FL 34229</b> <b>US</b>	Mailing Address <b>SANDY KEITH</b> <b>16 CHURCH ST</b> <b>OSPREY FL 34229</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SIESTA GULF VIEW</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 420 BEACH RD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/24/1995</b>	
22 City & State <b>23 SARASOTA FL</b>		27 City & State <b>28 SARASOTA FL</b>		4. FEI Number <b>65-0574218</b>	
24 Zip <b>34229</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>34229</b>		27 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 Zip <b>34229</b>		29 Country <b>USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KEITH, SANDY</b> <b>16 CHURCH ST</b> <b>OSPREY FL 34229</b>				10. Name and Address of New Registered Agent <b>81 Name ARGUS PROPERTY MGMT</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 420 Beach Rd</b> <b>83</b> <b>84 City SARASOTA FL 85 Zip Code 34229</b>			
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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 Eleni Wooda (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Randa Sybil DATE 4/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>12 DIRECTOR</b>	<b>PROCASSINI, CARMINE</b>	<b>228 ST. ANDREWS CT HOLMDEL NJ</b>		<b>SEC TREAS DIR</b>	<b>DONALD GREEN</b>	<b>344 LYTTON BLVD TORONTO ONT CAN M5N 1R8</b>
	<b>13 DIRECTOR</b>	<b>CROSSETT, GEORGE</b>	<b>18 CHURCH STREET OSPREY FL</b>		<b>Pres. Eleni Wooda</b>	<b>ELENI WOODA</b>	<b>PO BOX 296 MA MAUSFIELD CTR CT 06250</b>
	<b>14 DIRECTOR</b>	<b>MAYFIELD, MURIEL</b>	<b>EAST MADISON AVE. ATHENS TN</b>				
	<b>15 DIRECTOR</b>	<b>LEMASHKI, HARRY</b>	<b>2004 VALLEY LANE GLENVIEW IL</b>				
	<b>16 DIRECTOR</b>	<b>EAMES, THOMAS</b>	<b>31 CREST RD. FRAMINGHAM MA</b>				
	<b>17 DIRECTOR</b>	<b>LOVEKUN, JOHN</b>	<b>71 5 EDENMONT LANE PARK RIDGE FL</b>				

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: Eleni Wooda Eleni Wooda President

CR2E034 (10/97)