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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

| SAND DOLLAR DEVELOPM Principal Place of Business 1104 N. COLLIER BLVD. | MENT, INC. Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145- | N47 | | |
|--|--|--|---|---|
| MARCO ISLAND FL 33937 | MANOU ISLAND TE 991951 | (D4 <i>f</i> | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | 05/01/1995 | 04/04/1996 |
| 2. Principal Place of Business | 28. Mailing Address | | 4. FEI Number 65-0599402 | Applied For |
| Suite, Apit. #, etc | 26 Suite, Apt. #, etc. | · | 5. Certificate of Status Desired | Not Applicable \$8,75 Additional |
| 22 | 27 City & State | | | Fee Required |
| City & State | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 341 45 Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for | intangible tax under s. 199.032, |
| GREUSEL, JAMIE B | es of Current Registered Agent | 81 Name | 10. Name and Address of New Ke | igistered Agent |
| 1104 N. COLLIER BLVD. | | 82 Street Add | Street Address (P.O. Box Number is Not Acceptable) | |
| MARCO ISLAND FL 33937 | 7 | 83 | | |
| | | | | 85 Zip Code |
| | | ' | | FL · |
| Pursuant to the provisions of Section office or registered agent, or both, | ions 607.0502 and 607.1508, Florida Statute , in the State of Florida. Such change was a apt the obligations of, Section 607.0505, Flo | es, the above-named cor authorized by the corpora | rporation submits this statement for the pation's board of directors. I hereby acce | ourpose of changing its registered pt the appointment as registered |
| — agent Lam familiar with land accer | | | | |
| | apt the obligations of, Section 607.0505, Flo | rida Statutes. | ,, | |
| StGNATURE. Signature, typed or printed name of | of registered agent and title if applicable. | Registered Agent signature requ | uired when reinstating) | DATE |
| SIGNATURE Signature, typied or profiled name of | of registered agont and title if applicable. PROFICERS AND DIRECTORS | Registered Agent signature requ | | DATE |
| SIGNATURE Signature Typied or profed name of the time to the time | of registered agont and title if applicable. CHOTE FICERS AND DIRECTORS | Registered Agent signature requ | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 |
| SIGNATURE Signature typind or prefied name of the properties of t | of registered agont and title if applicable. CHOTE FICERS AND DIRECTORS DELETE | Registered Agent signature requirements 13. | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 |
| SIGNATURE Signature: lighted or profiled name of the profiled name of t | of registered agont and title if applicable. FICERS AND DIRECTORS DELETE LVO. 33937 | 13. 1.1 TITLE 1.2 NAME | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 Change Addition |
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| SIGNATURE Signature. Igned or period name of period name of period of period name of period of | of registered agont and title if applicable. FICERS AND DIRECTORS DELETE LVO. 33937 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 Change Addition |
| SIGNATURE Signature Topied or profess name of the street address | of registered agont and title if applicable. FICERS AND DIRECTORS DELETE LVD. 33937 DELETE O WAY PH E | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 Change Addition |
| SIGNATURE Stip above, byted or product radio c 12. OF ITLE NAME STREET ADDRESS CITY-ST-ZIP NAME BROWN, KENNETH STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL ARCO ISLAND FL | of registered agont and title if applicable. FICERS AND DIRECTORS DELETE LVD. 33937 DELETE O WAY PH E 33937 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | uired when reinstating) | DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition |
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Secretary of State