

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **P96000002111 (8)**

1. Corporation Name
SALLY JANE, INC.



Principal Place of Business
**P.O. BOX 5861
KEY WEST FL 33045**

Mailing Address
**P.O. BOX 5861
KEY WEST FL 33045-5861**

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/08/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0631828 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**SUNIER, CHERYL E
5543 AXMINSTER DRIVE
SARASOTA FL 34241**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SUNIER, CHERYL E |
| STREET ADDRESS | P.O. BOX 5861 |
| CITY-ST-ZIP | KEY WEST FL 33045 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MARCESCA, NEAL |
| STREET ADDRESS | P.O. BOX 5861 |
| CITY-ST-ZIP | KEY WEST FL 33045 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SUNIER, CHERYL E. |
| 1.3 STREET ADDRESS | 5543 AXMINSTER DRIVE |
| 1.4 CITY-ST-ZIP | SARASOTA, FL 34241 |
| 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Maresca, Neal |
| 2.3 STREET ADDRESS | P.O. Box 5861 |
| 2.4 CITY-ST-ZIP | Key West, FL 33045 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 _____

CR2E034 (9/96)