

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

FILED
Apr 20 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 # S60032 (7)

1. Corporation Name
CALOOSA PROPERTY SALES, INC.

Principal Place of Business 9694 GALLERY CT. FT. MYERS FL 33919 US	Mailing Address 9694 GALLEY CT. FT. MYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1991	
21 6566 Daniel Ct.	26 ← SAME	4. FEI Number 65-0267166		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 FL	28 ←	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33908	25 Lee	29 ←	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WINER, STEVEN I.
 12800 UNIVERSITY DR.
 SUITE 600 UNIVERSITY PARK
 FORT MYERS FL 33907**

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 **FL**

11. Pursuant to the provisions of Sections 607.0602 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]* DATE **4-20-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1#	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, KERRI A.	1.2#	
STREET ADDRESS	9694 GALLEY CT	1.3# STREET ADDRESS	6566 DANIEL CT., FT. MYERS, FL 33908
CITY-ST-ZIP	FORT MYERS FL	1.4# ST-ZIP	
TITLE		2.1#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2#	
STREET ADDRESS		2.3# STREET ADDRESS	
CITY-ST-ZIP		2.4# ST-ZIP	
TITLE		3.1#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2#	
STREET ADDRESS		3.3# STREET ADDRESS	
CITY-ST-ZIP		3.4# ST-ZIP	
TITLE		4.1#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2#	
STREET ADDRESS		4.3# STREET ADDRESS	
CITY-ST-ZIP		4.4# ST-ZIP	
TITLE		5.1#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2#	
STREET ADDRESS		5.3# STREET ADDRESS	
CITY-ST-ZIP		5.4# ST-ZIP	
TITLE		6.1#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2#	
STREET ADDRESS		6.3# STREET ADDRESS	
CITY-ST-ZIP		6.4# ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for 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]*

CR2E034 (10/97)