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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S74142

(8)

GRAND	DE ISLAND REAL ESTATE-	SANIBEL, INC.			NAM ARM STATE BERN 1881
Principal Plac	e of Business	Mailing Address		i realitain in contrainath iridin diùin iros aighii a	HAN BEALL BIELL BIAN BIAN 1881
1630 PERIWINKLE WAY 1630 PERIWINKLE WAY					
SUITE C SUITE C					
SANIBEL FL 33957 SANIBEL FL 3		SANIBEL FL 33957		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
<u> </u>		Land Market		08/19/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	W =1-	26 Suite, Apt. #, etc.		65-0289673	Not Applicable
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the	
24	26	29	30	Personal Property Tax due June 30.	X Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ad Agent
GOOD, JOAN M.			81 Name		
1630 PERIWINKLE WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE C			83		
SA	NIBEL FL 33957				
			84 City	F	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					
<u> </u>	Signature, typed or printed name of registered a		E: Registered Agent signature requi		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GOOD, JOAN M.		1.2 NAME		
STREET ADDRESS	1630 PERIWINKLE WAY S-C		1.3 STREET ADORESS		
CITY - ST - ZIP	SANIBEL FL		1.4 CITY - ST - ZIP		D 05 D 47400
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ netcit	3.1 TITLE		Chambe Chamina
NAME			3.2 NAME		
STREET AODRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
		C) otter	4.1 TITLE		C custile C vitation
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
		□ Martin			C. Change C. Fabriton
NAME OTDEET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ ptrtit	6.1 TIYLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 attagriment with an address.

SIGNATURE:

Spanning Burl

4/10/88 941-472-5322

FILED

Apr 27 1998 8:00am

Secretary of State