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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05903

(2)

SONEST	TA HARBOUR, INC.	•					
Principal Piac	e of Business	Mailing Address				. 010) 61614 61611 61011 01011 01811 1101	
1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957		1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957-4404					
ONINDEE 12 30	~	0/11/0/PE - 1 3300/ 1/0/			3. Date Incorporated or Qualified 01/09/1992	3a. Date of Last Report 06/12/1996	
2. Principa' Place of Business		2a. Mailing Address			4. FEI Number	Applied Fo	
Suite, Apt. #, etc		Suite. Apt. #, etc.		65-0405261	Not Applica		
22	II, 0,0	27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25		Zip Coui 29 30		,	8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes 🔀 No		2,
24	9. Name and Address of Curren		30		10. Name and Address of New R		
MUR	ITY, TIMOTHY J.		81	Name			
1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
			83			<u> </u>	
			84	City		85 Zip Code	
						FL ``	
)	to the previsions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abov authorized by lorida Statute	e-named co y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered the appointment as registered	⊪ea ∍d
SIGNATURE	Stynature, typical or printed name of registrated age	rt and the if applicable (NO	TE: Registered Ag	ent signature req	uired when reinstating)	DATE	
12. TITLE	OFFICERS AND				ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change	
NAME	ZERR, WERNER S.	otten	1.1 TITLE 1.2 NAME				n (IOI)
STREET ADDRESS	1633 PERIWINKLE WAY #A SANIBEL FL		1.3 STREET ADDRESS				
CITY - S1 - ZIP			1.4 Offy+3	ST-ZiP			
TITLE	STD	[_] DELETE	21 TITLE			Change Add	lition
NAME CIDELL ACODICO	MURTY, TIMOTHY J. 1633 PERIWINKLE WAY #A		2 2 NAME	r ADDDCCC			
STREET ADDRESS CITY-ST-ZIP	SANIBEL FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	<u> </u>		Change Add	dition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-SI-ZIP	V/////	DELETE	3.4. CITY-ST-ZIP			Change Add	dition
TITLE NAME		r") ∧trcit	4.1 TITLE 4. 2 NAME			Change Ado	ווטווונ
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE	A	DELETE 5.1				Change Add	dition
NAME	4ME		5.2 NAME				
STREET ADDRESS			5.3 STREET	r address			
CITY-ST-ZIP		DELETE	5.4 CITY - 5	ST-ZIP			distant
TITLE		☐ DELETE	6.1 TITLE			Change Add	TICHOU
NAME			6.2 NAME				

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 of on an extagrament with an address.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

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941)472 - 1000 Daytime Phone #

FILED

Jan 22 1997 8:00am

Secretary of State