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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ANOTHED DECTAHDANT CODDODATION

Principal Place of Business	Mailing Address	
1103 SCHOONER PL SANIBEL FL 33957 US	1103 SCHOONER PL SANIBEL FL 33957 US	

FILED Feb 13 1998 8:00am Secretary of State

	IEN NESTAUNANT CONFO				
Principal Plac	ce of Business	Mailing Address		a tadir deinid Beite tiffe affert jugir elle! fiftig bil	DIT ATOL ALAK ASAS BIBIT SABI
1103 SCHOO SANIBEL FL		1103 SCHOONER PL SANIBEL FL 33957		DO NOT WOLTE IN THE	2.604.05
US		U\$		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SSPACE
2. Principal F	Place of Business	2a. Mailing Address		09/04/1992 4. FEI Number	Applied For
21		26		65-0355453	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 25 S. Name and Address of Curre	29	30	Personal Property Tax due June 30.	Yes No
		int negistered Agent	81 Name	10. Name and Address of New Registered	a Agent
	STEIN, ANDREW S				
	01 JACKSON ST HTE 101		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	. MYERS FL 33901		83		
"	. WIERS PL 33901				
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itutes, the above-named cor	poration submits this statement for the purpose	of changing its registered
agent La	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change wa galions of, Section 607.0505,	as authorized by the corpora Florida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
<u></u>	Signature, typind or printed name of regularity as		NOTE Registered Agent signature requ		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	PST MOUNADI ICABELLA	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	MOLINARI, ISABELLA 1103 SCHOONER PL		1.2 NAME		
CITY-ST-ZIP	SANIBEL FL 33957		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MAINARI, ISABELLA			OLINARI, ISABELLA	CHANGE LI AUGINON
STREET ADDRESS	1103 SCHOONER PL		2.3 STHEET ADDRESS	IDDINARI, ISABELLA	
CITY-ST-ZIP	SANIBEL FL		2. 4 CITY-ST-ZIP	33951	
TITLE		DELETE	3.1 TITLE	22131	Change Addition
NAME			3.2 NAME		• -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City St ZiP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	·	☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T bevere	5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY - ST - 7IP			CACITY OF 7ID		1

14. Thereby 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 attraction with an address

TSABEUA MOUNARI

2/9/98 (94) 472-2939