

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704845 (7)

1. Corporation Name
SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.



Principal Place of Business: 2526 WISTERIA ST. SARASOTA FL 34239
Mailing Address: 2526 WISTERIA ST. SARASOTA FL 34239
4822 Ocean Blvd #20 Sarasota, FL 34242 (Same)

3. Date Incorporated or Qualified: 11/28/1962
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business: 4822 Ocean Blvd #20, Sarasota, FL 34242
2a. Mailing Address: 4822 Ocean Blvd #20, Sarasota, FL 34242
21-24: Address details (Suite, City, Zip, Country)

4. FEI Number: 59-6200847
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ZERMAN, MAXINE, 2526 WISTERIA ST, SARASOTA FL 34239
10. Name and Address of New Registered Agent: Laura Vajda, 4822 Ocean Blvd #20, Sarasota, FL 34242
81-85: Agent details (Name, Street, City, Zip Code)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Laura Vajda, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P CHANGE	NAME: ZERMAN, MAXINE	11 TITLE: (D) Sylvia Finver	12 NAME: 2701 Riverbluff Ct.
STREET ADDRESS: 2526 WISTERIA ST	CITY-ST-ZIP: SARASOTA FL	13 STREET ADDRESS: Sarasota, FL 34231	14 CITY-ST-ZIP: Sarasota, FL 34231
TITLE: VP CHANGE	NAME: LACLEDE, ANN	21 TITLE: (D) Moniel Schoen	22 NAME: 4767 Tivoli Pl.
STREET ADDRESS: 479 SHERBROOKE CT.	CITY-ST-ZIP: VENICE FL	23 STREET ADDRESS: Sarasota, FL 34235	24 CITY-ST-ZIP: Sarasota, FL 34235
TITLE: S	NAME: WOLLHEIM, MRS. C. J.	31 TITLE: Recording Secretary	32 NAME: Gwen Rogers
STREET ADDRESS: 817 IDLEWILD WAY	CITY-ST-ZIP: SARASOTA FL 00000	33 STREET ADDRESS: 5174 Sandy Cove Ave.	34 CITY-ST-ZIP: Sarasota, FL 34242
TITLE: T CHANGE	NAME: HARP, ELIZABETH	41 TITLE:	42 NAME:
STREET ADDRESS: 235 CHARTLEY CT., N.	CITY-ST-ZIP: SARASOTA FL	43 STREET ADDRESS:	44 CITY-ST-ZIP:
TITLE: D CHANGE	NAME: MARCUM, NORMA	51 TITLE:	52 NAME: 800001760418
STREET ADDRESS: 4822 OCEAN BLVD	CITY-ST-ZIP: SARASOTA FL	53 STREET ADDRESS: -03/28/96--01018--005	54 CITY-ST-ZIP: ***61.25
TITLE: D	NAME: JONES, GORDON C	61 TITLE:	62 NAME:
STREET ADDRESS: 4802 KESTRAL PARK CIR.	CITY-ST-ZIP: SARASOTA FL	63 STREET ADDRESS:	64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan Sluga, Jan Sluga, 3/15/96, (941) 923-2063

CR2E037 (12/95)