SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90001 038 ****70.00

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DOCUMENT # 707544

1. Corporation Name
SARASOTA WELFARE HOME, INC.

Principal Place of Business	Mailing Address
1501 NORTH ORANGE AVE. SARASOTA FL 34236	1501 NORTH ORANGE AVE. SARASOTA FL 34236

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/07/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0700567 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COLBY, BRUCE A
1501 N ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: MALTAGHATI, LOUIS
82 Street Address (P.O. Box Number is Not Acceptable): 1501 N. Orange Avenue
83: Sarasota, Florida 34236
84 City: Sarasota FL 85 Zip Code: 34236

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: Louis Maltaghati 7/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	☒ DELETE	1.1 TITLE	VCD	☐ Change ☒ Addition
NAME	JUDD, STEVEN		1.2 NAME	GOLDBERG, ARTHUR	
STREET ADDRESS	1375 LADUE LANE		1.3 STREET ADDRESS	940 CALOOSA DRIVE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSWELL, ROUND E.		2.2 NAME		
STREET ADDRESS	335 BOB WHITE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYETTE, JAMES E.		3.2 NAME		
STREET ADDRESS	4409 CHIMNEY CREEK		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, CATHERINE		4.2 NAME		
STREET ADDRESS	4004 BROOKSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME	COLBY, BRUCE A.		5.2 NAME	MALTAGHATI, LOUIS	
STREET ADDRESS	8417 PALM LAKES COURT		5.3 STREET ADDRESS	3613 COUNTRYPLACE BLVD.	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34233	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, ELAINE M.		6.2 NAME		
STREET ADDRESS	4030 PROCTOR ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Maltaghati REQUIRED 7/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)