

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 # 744767 (5)
1. Corporation Name
VOITURE LOCAL 797 SARASOTA COUNTY, INC.



Principal Place of Business: **159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631**
Mailing Address: **159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631**

3. Date Incorporated or Qualified: **10/31/1978**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6151284		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALLACE, FRANKLYN E 809 CHURCH STREET NOKOMIS FL 34275				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KOVAL, JOHN J	1.2 NAME	D RALPH BREEDEN
STREET ADDRESS	200 THE ESPLANADE N. APT C-4	1.3 STREET ADDRESS	217 HIGH POINT DR
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL. 34292
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MORROW, THOMAS	2.2 NAME	P FRANK BRYANT
STREET ADDRESS	1608 VIKKI CT.	2.3 STREET ADDRESS	8696 COLEBRA AVE.
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOHNSTON, BOBBY	3.2 NAME	D JOHN KOVAL
STREET ADDRESS	1055 EAST AVE. S.	3.3 STREET ADDRESS	200 THE ESPLANADE N. APT C-4
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARLATT, EDWARD J	4.2 NAME	D THOMAS MORROW
STREET ADDRESS	6926 ROSLYN CT.	4.3 STREET ADDRESS	1608 VIKKI CT.
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	VENICE, FL. 34293
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WALLACE, FRANKLYN E	5.2 NAME	T FRANKLYN L. WALLACE
STREET ADDRESS	809 CHURCH ST	5.3 STREET ADDRESS	(NO CHANGE)
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: J.E. Wallace F.E. WALLACE 4/1/96 941485-4737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)