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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34284-0631

Mailing Address
159 AMERICAN LEGION WAY
P.O. BOX 1631
VENICE FL 34284-1631

3. Date Incorporated or Qualified 10/31/1978
3a. Date of Last Report 04/05/1996
4. FEI Number 59-6151284
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
WALLACE, FRANKLYN E
809 CHURCH STREET
NOKOMIS FL 34275

10. Name and Address of New Registered Agent
81 Name FRANK BRYANT
82 Street Address (P.O. Box Number is Not Acceptable) 8696 CULEBRA AVE
83 NORTHPORT, FL 34287
84 City FL 85 Zip Code 34287

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 Frank Bryant
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RALPH BREEDEN	
STREET ADDRESS	217 HIGH POINT DR	
CITY - ST - ZIP	VENICE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRANK BRYANT	
STREET ADDRESS	8696 CULEBRA AVE	
CITY - ST - ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN KOVAL	
STREET ADDRESS	200 THE ESPLANADEN, APT C-4	
CITY - ST - ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS MORROW	
STREET ADDRESS	1808 VIKKI CT	
CITY - ST - ZIP	VENICE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, FRANKLYN E	
STREET ADDRESS	809 CHURCH ST	
CITY - ST - ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH BREEDEN, JR	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	217 HIGH POINT DR.	
1.4 CITY - ST - ZIP	VENICE, FL 34285	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED B. METLER	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS	2992 SUNSET BEACH DR.	
2.4 CITY - ST - ZIP	VENICE, FL 34293	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANKLYN E. WALLACE	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS	809 CHURCH STREET	
3.4 CITY - ST - ZIP	VENICE, FL 34275	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAWRENCE RICE	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS	170 MANESS ROAD	
4.4 CITY - ST - ZIP	VENICE, FL 34293	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDW. MARLATT	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS	6926 ROSLYN CT.	
5.4 CITY - ST - ZIP	NORTHPORT, FL. 34287	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ANTHONY YAMONICO	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS	552 SHAMROCK BLVD	
6.4 CITY - ST - ZIP	VENICE, FL 34293	

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

SIGNATURE: Fred B. Metler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 5/5/97 DAYTIME PHONE # 941-493 7862

CP2E037 (9/96)