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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F56767

1. Corporation Name LONGWOOD PROPERTIES OF SARASOTA, INC.



Principal Place of Business 1741 MAIN STREET SUITE 101 SARASOTA FL 34236 US

Mailing Address 1741 MAIN STREET SUITE 101 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1981
4. FEI Number 59-2150534
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent
VENABLE, JOSEPH P
1400 4TH AVE W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TD RIVOLTA, PIERO
P RIVOLTA, RENZO
V GROSSMAN, MARVIN J
S VENABLE, JOSEPH P.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1400 4TH AVE W
4.4 CITY-ST-ZIP BRADENTON FL 34205

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 607, 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: [Signature] 4/27/99 (941) 954 0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)