FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | MENT # F9403 Enterprises, Inc. | 7 (1) | | | |
|--|---|--|-------------------------------------|----------------------------|--|
| Principal Place | e of Business | Mailing Address | | | |
| 2140 DESOTA F P.O.BOX 4019 SARASOTA FL | ROAD | P.O.BOX 4019 SARASOTA FL 34230-4019 | | | |
| US | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1982 03/04/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 Henry P. Trawick, P.A. | | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 22 City & Stat | <u></u> | 27 P.O. Box 4019 City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 Sarasota, Fl. | | | Trust Fund Contribution Added to Fees |
| Zip 24 | Country 25 | Zip 29 34230 | 30 Cour | ntry USA | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Registered Agent |
| | TIN, DONALD C. | | İ | 81 Name | ; |
| | DESOTO ROAD | | [| 82 Street | t Address (P.O. Box Number is Not Acceptable) |
| SAH | ASOTA FL 34234 | | ŀ | 83 | |
| | | | | 94 (20) | Inc. 7 To Code |
| | | | [| 84 City | FL 85 Zip Code |
| agent. La | m familiar with, and accept the ob- | digations of Section 607.0505, Fi | lorida State | utes. | orporation's board of directors. I hereby accept the appointment as registered ore required when reinstating) DATE |
| 12. | | AND DIRECTORS | 13. | . = | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME | PTD Martin, Donald C | DELETE | 1.1 TJT 1.2 NA | | Change L Addition |
| STREET ADDRESS | 2140 DESOTO ROAD | | 1.3 STREET ADDRE | | |
| CITY-S1-ZIP | SARASOTA FL | | 1.4 CiTY-ST-ZiP | | |
| TITLE | _ | | 21 111 | LF | S Addition |
| NAME | MULLET, JULIE A | VAL | 2.2 NAME 2.3 Street addre | | MULLET, JULIE A. 2033 Wood Street, Suite 218 |
| STREET ADDRESS | NOSK man k stabet/sunb Sarasota fl | NVX | | | Sarasota, F1. |
| CHTY-ST-ZIP TITLE | | | 3.1 TIT | TY-ST-ZIP LE | Change Addition |
| NAME | | | 3.2 NA | | |
| STREET ADDRESS | | | 3.3 \$1 | REET ADDRESS | 3 |
| CITY-SI-ZIP | | | | TY - ST - ZIP | |
| TITLE | • | | 4.1 1(1 | | Change Addition |
| NAME OTREET ADDRESS: | | | 4. 2 N/ | VME Reet address | |
| STREET ADDRESS CITY-ST-ZIP | • | | | Y-ST-ZIP | |
| TITLE | | | 5.1 117 | | Change Addition |
| NAME | 52 | | 5.2 NA | ME | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDRESS | ; |
| CITY-ST-ZIP | | I bearre | 5.4 City-\$ DELETE 6.1 TITLE | | Chance Liddica |
| TITLE | | | | | Change L Addition |
| NAME STREET ADDRESS | | | 6.2 NA | me Beet address | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | |
| 14. Ldo here | by certify that the information supp | olied with this filing does not doa | ify for the | exemption s | stated in Section 119.07(3)(i), Florida Statutes. I further certify that the |
| informatic Lam an o appears i | on indicated on this annual report of ifficer or director of the corporation in Block 12 or Block 13 if changes | or supplemental annual report is to the receive or trustee empor or on an alactment with an ad | true and a we yet to e of ss. | ccurate and xecute this | nd that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name |