

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

95 APR 27 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G40266 (0)**

1. Corporation Name  
**P.I.A. SARASOTA PALMS, INC.**

Principal Place of Business Mailing Address  
**1850 SO. OSPREY AVE. SARASOTA FL 34239** **3000 WILLIAMS DR. FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/20/1983** 3a. Date of Last Report **04/14/1994**

4. FEI Number **52-1295729** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**CP CORPORATION SYSTEM  
1210 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and time of appointment. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PCOO</b>
NAME	<b>BERNSTEIN, RON</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>
TITLE	<b>SD</b>
NAME	<b>BROWN, SCOTT M</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>
TITLE	<b>AS</b>
NAME	<b>SILVER, RICHARD B</b>
STREET ADDRESS	<b>2700 COLORADO AVE</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>
TITLE	<b>CFO</b>
NAME	<b>JOSEPH, THOMAS</b>
STREET ADDRESS	<b>2700 COLORADO AVE</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>
TITLE	<b>AT</b>
NAME	<b>MCMULLEN, TERENCE P</b>
STREET ADDRESS	<b>2700 COLORADO AVE</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>
TITLE	<b>VP</b>
NAME	<b>ANDERSONS, MARIS</b>
STREET ADDRESS	<b>2700 COLORADO AVE</b>
CITY - ST - ZIP	<b>SANTA MONICA CA 90404</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>000001469200</b>
23 STREET ADDRESS	<b>-05/01/95 --01051--007</b>
24 CITY - ST - ZIP	<b>****200.00 ****200.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>\$974/27</b>
63 STREET ADDRESS	
64 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 110.07(3)(a), 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.

SIGNATURE: Scott M. Brown 4/24/95 310/998-8000  
Typed Name and Printed Name of Signing Officer or Director Date Daytime Phone #  
**Scott M. Brown, Secretary and Director**