

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 FEB -7 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G40266** (0)
1. Corporation Name
P.I.A. SARASOTA PALMS, INC.



Principal Place of Business: **1650 SO. OSPREY AVE. SARASOTA FL 34239**
Mailing Address: **2700 COLORADO AVENUE SANTA MONICA CA 90404-3521**

3. Date Incorporated or Qualified 05/20/1983	3a. Date of Last Report 02/19/1996
4. FEI Number 52-1295729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3820 State Street Suite, Apt #, etc.	2a. Mailing Address 26 c/o Mary H. Yumibe Suite, Apt #, etc.
22 City & State Santa Barbara, CA	27 3820 State Street City & State
23 Zip 93105 Country USA	28 Santa Barbara, CA Zip 93105 Country USA

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, hereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULZBACH, CHRISTI R	2.2 NAME	Richard B. Silver
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAYNE, DAVID W	3.2 NAME	Alan Lundgren
STREET ADDRESS	2700 COLORADO AVE	3.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HIXON, LAWRENCE G	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	5.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA 90404	5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
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 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.

SIGNATURE: *Alan Lundgren* **Alan Lundgren, Asst. Sec'y** 1/29/97 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

2-7-97