

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # G40266**

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

Principal Place of Business  
**3820 STATE STREET  
C/O MARY H YUMIBE  
SANTA BARBARA CA 93105**

Mailing Address  
**3820 STATE STREET  
C/O MARY H YUMIBE  
SANTA BARBARA CA 93105**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents must register with the state)

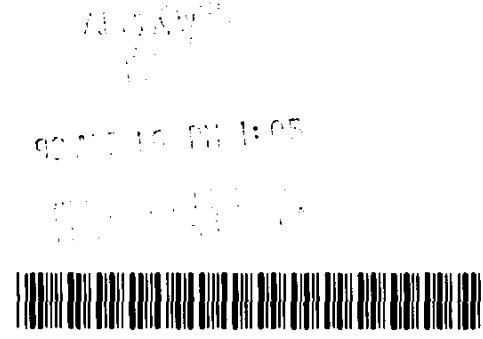
DATE

12. OFFICERS AND DIRECTORS

|                |                               |            |
|----------------|-------------------------------|------------|
| TITLE          | <b>D</b>                      | [X] DELETE |
| NAME           | <b>BROWN, SCOTT M</b>         |            |
| STREET ADDRESS | <b>3820 STATE STREET</b>      |            |
| CITY-ST-ZIP    | <b>SANTA BARBARA CA 93105</b> |            |
| TITLE          | <b>VS</b>                     | [ ] DELETE |
| NAME           | <b>SILVER, RICHARD B</b>      |            |
| STREET ADDRESS | <b>3820 STATE STREET</b>      |            |
| CITY-ST-ZIP    | <b>SANTA BARBARA CA 93105</b> |            |
| TITLE          | <b>AS</b>                     | [X] DELETE |
| NAME           | <b>LUNDGREN, ALAN</b>         |            |
| STREET ADDRESS | <b>3820 STATE STREET</b>      |            |
| CITY-ST-ZIP    | <b>SANTA BARBARA CA 93105</b> |            |
| TITLE          | <b>VPT</b>                    | [ ] DELETE |
| NAME           | <b>MCMULLEN, TERENCE P</b>    |            |
| STREET ADDRESS | <b>3820 STATE STREET</b>      |            |
| CITY-ST-ZIP    | <b>SANTA BARBARA CA 93105</b> |            |
| TITLE          |                               | [ ] DELETE |
| NAME           |                               |            |
| STREET ADDRESS |                               |            |
| CITY-ST-ZIP    |                               |            |
| TITLE          |                               | [ ] DELETE |
| NAME           |                               |            |
| STREET ADDRESS |                               |            |
| CITY-ST-ZIP    |                               |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                    |
|-------------------|------------------------------------|
| 11 TITLE          | [ ] Change [ ] Addition            |
| 12 NAME           |                                    |
| 13 STREET ADDRESS |                                    |
| 14 CITY-ST-ZIP    |                                    |
| 21 TITLE          | <b>DVS</b> [X] Change [ ] Addition |
| 22 NAME           |                                    |
| 23 STREET ADDRESS |                                    |
| 24 CITY-ST-ZIP    |                                    |
| 31 TITLE          | <b>AS</b> [ ] Change [ ] Addition  |
| 32 NAME           | <b>Caitlin M. Larsen</b>           |
| 33 STREET ADDRESS | <b>3820 State Street</b>           |
| 34 CITY-ST-ZIP    | <b>Santa Barbara, CA 93105</b>     |
| 41 TITLE          | [ ] Change [ ] Addition            |
| 42 NAME           |                                    |
| 43 STREET ADDRESS |                                    |
| 44 CITY-ST-ZIP    |                                    |
| 51 TITLE          | [ ] Change [ ] Addition            |
| 52 NAME           |                                    |
| 53 STREET ADDRESS |                                    |
| 54 CITY-ST-ZIP    |                                    |
| 61 TITLE          | [ ] Change [ ] Addition            |
| 62 NAME           |                                    |
| 63 STREET ADDRESS |                                    |
| 64 CITY-ST-ZIP    |                                    |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1983**

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

**SIGNATURE:** **Richard B. Silver, Secretary** 4/9/99 805/563-7075

0555071

CR2E034 (1-1-98)