

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G92950** (6)
1. Corporation Name
SECRETARIAL SERVICES OF SARASOTA, INC.

Principal Place of Business Mailing Address
240 N. WASHINGTON BLVD. #306 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1984	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2397964	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent DEWALD, LINDA J. 2881 BAY STREET SARASOTA FL 34237	10. Name and Address of New Registered Agent 81 Name Linda J. Dewald 82 Street Address (P.O. Box Number is Not Acceptable) 2639 Leafy Lane 83 84 City Sarasota FL 85 Zip Code 34231
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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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Linda J. Dewald DATE 4-14-95
Signatures of registered agent or principal officer and their titles if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	NAME DEWALD, LINDA J.	11 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2881 BAY STREET	CITY ST ZIP SARASOTA FL	12 NAME DEWALD, LINDA J.	13 STREET ADDRESS 2639 Leafy Lane
TITLE DVS	NAME DEWALD, LINDA J	14 CITY ST ZIP Sarasota FL 34231	21 TITLE DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5203 VENTURA AVENUE	CITY ST ZIP SARASOTA FL	22 NAME BAKER, MARY E.	23 STREET ADDRESS 5203 Venture Avenue
TITLE	NAME	24 CITY ST ZIP Sarasota FL 34235	24 CITY ST ZIP
STREET ADDRESS	STREET ADDRESS	25 NAME	25 NAME
CITY ST ZIP	CITY ST ZIP	26 STREET ADDRESS	26 STREET ADDRESS
TITLE	NAME	27 CITY ST ZIP	27 CITY ST ZIP
STREET ADDRESS	STREET ADDRESS	28 CITY ST ZIP	28 CITY ST ZIP
CITY ST ZIP	CITY ST ZIP	29 CITY ST ZIP	29 CITY ST ZIP
TITLE	NAME	30 CITY ST ZIP	30 CITY ST ZIP
STREET ADDRESS	STREET ADDRESS	31 CITY ST ZIP	31 CITY ST ZIP
CITY ST ZIP	CITY ST ZIP	32 CITY ST ZIP	32 CITY ST ZIP
TITLE	NAME	33 CITY ST ZIP	33 CITY ST ZIP
STREET ADDRESS	STREET ADDRESS	34 CITY ST ZIP	34 CITY ST ZIP
CITY ST ZIP	CITY ST ZIP	35 CITY ST ZIP	35 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 119.07(3)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Linda J. Dewald DATE 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR