## 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

DOCUMENT # H43527

(1)

WOOD & SEITL, P.A.

7,

Principal Place of Business

Mailing Address

240 N WASHINGTON BLVD # 500 SARASOTA FL 34236

240 N WASHINGTON BLVD #480= 500 SARASOTA FL 34236-5929

## FILED Jan 22 1997 8:00am Secretary of State



ONINGOIN TE	V 1840				
					3. Date Incorporated or Qualified 02/20/1985 3a. Date of Last Report 03/12/1996
	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 240 4.	Washington Blud	26 240 N. Wash	~~5~	ten BLvi	59-2496 135 Not Applicable
Suite Apt. 22 500	#, <b>e</b> tc.	Suite Apt. #, etc			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	3	City & State		~	6. Election Campaign Financing \$5.00 May Be
23 Surver	ita FL	28 Sumjute F	- (_		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry	8. This corporation has liability for intangible tax under s. 199,032,
24 34236	25 Samsoto	29 3 4 2 3 6	30 5	scre 1 utc	
	9. Name and Address of Current		1	-	10. Name and Address of New Registered Agent
SARASOTA FL 34236 2.40 N 83 84 City					Address (P.O. Box Number is Not Acceptable)  ON. Why Lington Glad Suite # 500  FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 050/2 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 Flett ( only state and the support and					
12.	OFFICERS AND		13	··	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1	TITLE	Change Addition
NAME	WOOD, JOHN R.	~ A	1.2	NAME	
STREET AODRESS	240 N WASHINGTON BLVD 🌴	200	1.3	STREET ADDRESS	ASS ruite of 200
CITY-ST-ZP	SARASOTA FL		1.4	CITY - ST - ZIP	
THLE	PTD	☐ DELETE	2.1	TITLE	Change Addition
NAME	SEITL, WAYNE F.		2.2	NAME	Add suite # 500
STREET ADDRESS	240 N WASHINGTON BLVD 45	200	2.3	STREET ADDRESS	X 93 3017 # 3
CITY-ST-ZIP	SARASOTA FL		2. 4	I CITY - ST - ZIP	
TITLE		DELEYE	3.1	TITLE	Change Addition
NAME			3.2	NAME	
STREET ADDRESS			3.3	STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
THILE		☐ DELETE	_	TITLE	☐ Change ☐ Addition
NAME		<del>_</del> ·		NAME	
STREET ADDRESS			1	STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE		CITY-ST-ZIP TITLE	Change Addition
''		E.J DELETE		1	- Overige - Notified
NAME				NAME :	
STREET ADDRESS				STREET ADDRESS	
CITY+\$1+ZIP		T Double		CITY-ST-ZIP	
TITLE		L DELETE	61	TITLE	Change Addition
NAME			6.2	NAME	
STREET ADDRESS			6.3	STREET ADDRESS	
CITY-ST-ZP			6.4	CITY - ST - ZIP	
14. I do heret	by certify that the information supplied	with this filing does not qualif	y for th	e exemption st	lated in Section 119.07(3)(i). Florida Statutes. I further certify that the

4. 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 ind-cated 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNINI

WAYNE FISEIT | President

A [-13-9

Daytime Phone #