FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

191

1. Corporation Name (3)							1			
SARAS	OTA COL	JNTY CATTLE	MEN'S ASSO	CIATION, IN	C.		A SERVINE OU BEIER MAR MAN AGN	í Aðis Arðu Brem Ardis An	6:61(6:6() 18\$)	
Principal Place	e of Business	······································	Mailing	Mailing Address			- FINDINIAN DIYABADA IIYAD KIIKI BAHI	F MANN OFBIN AND FF MINES ON	OIL BIOLI WARK LOGI	
1010 CATTLEMAN RD 1010 CATTLEMEN RD					_					
SARASOTA FL US	34232			SARASOTA FL 34232-2812 US						
03			00				3. Date Incorporated or Qualified 05/25/1984	3a. Date of Las 04/03/	st Report 1996	
2. Principal P	lace of Busin	ess	2a. Mai	2a. Mailing Address			4. FEI Number	L	Applied For	
21			26	<u> </u>			59-2665419		Not Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State	e			City & State			6. Election Campaign Financing		00 May Be	
23			28	···+·			Trust Fund Contribution Added to Fees			
Zip 24	Country 25		Zip	29 30		′	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent					1301		10. Name and Address of New R			
						Name				
BISPHA					82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	ATTLEMAN			<u> </u>						
SARASOTA FL 34232						<u> </u>				
					84	City		FL 85 2	ip Code	
11. Pursuant office or r	to the provisi	ons of Sections 61	7.0502 and 617.15 State of Ftorida, S	508, Florida Statu	tes, the abov	e-named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changin	g its registered as registered	
agent. I a	m familiar wil	th, and accept the	obligations of, Sec	ction 617.0503, FI	orida Statute	S.	tion's board of directors. I hereby acce			
SIGNATURE .	Stgnature, typed	or printed name of registe	red agent and title if appl	licable. (NO	E Registered Ag	ent signature requi	red when reinstating)	DATE		
12.	····	OFFICER	S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	PD PADGETT, JOE			DELETE 1.1 TIT				L. Chang	ge L. Addition	
NAME STREET ADDRESS	IREET ADDRESS RT 2, BOX 708			1.2 NAME 1.3 STREE						
C(TY-ST-ZIP	1			1,41						
TITLE	SD			DELETE	2.1 TITLE			Chang	ge Addition	
NAME AVECT ADDRESS	HANEY, DON			2.2 N		ADDRESS				
STREET ADDRESS ! CITY-ST-ZIP	010100T1 F1									
JULE JULE	VD	r.r. 1 &		☐ DELETE	2.4 CITY- 3.1 TITLE	V. En		Chang	pe	
NAME	DEVANCY, ROBIN			3.2 NA						
STREET ADDRESS	MOVOUMO EL			3.3 STREE						
CITY-ST-2IP TITLE	TD	IIO FL	·····	DELETE	3,4. CITY- 4,1 TITLE	51 - ZIP		☐ Chan	ge Addition	
NAME		M, CYRUS, JR.			.4. 2 NAME					
STREET ADDRESS	7900 IB	IS AVE.			4.3 STREE	T ADDRESS				
CITY - ST - 7/P	SARASO	OTA FL		DELETE	4.4 CITY - 1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge Addition	
TITLE NAME				FT OFFER	5.1 TITLE 5.2 NAME	1		La Crian	go . La Abunion)	
STREET ADDRESS						r address				
CITY-ST-7IP			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-!	ST - ZIP		·		
THE				DELETÉ	6.1 TITLE	}		Chan	ge 🔲 Addition	
NAME STREET ADDRESS					6.2 NAME 6.3 STREE	ADDRESS				
CITY-ST-ZIP					6.4 CITY-	ļ				
	by certify that	the information su	polied with this fill	no does not qual			d in Section 119.07(3)(i). Florida Statut	es I further certify t	hat the	

I have the same legal effect as if made under eath; that lam an officer or director of the composition 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

FILED

Apr 30 1997 8:00am

Secretary of State