

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000062334 (6)**

1. Corporation Name

**SUNCOAST SERVICES OF SIESTA KEY, INC.**



Principal Place of Business

**6157 MIDNIGHT PASS RD  
#G-12  
SARASOTA FL 34242**

Mailing Address

**6157 MIDNIGHT PASS RD  
#G-12  
SARASOTA FL 34242**

2. Principal Place of Business

2a. Mailing Address

21 **100 SAND DOLLAR LANE**

26 **100 SAND DOLLAR LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **SARASOTA, FL**

28 **SARASOTA, FL**

Zip

Country

Zip

Country

24 **34242**

25 **SARASOTA**

29 **34242**

30 **SARASOTA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JANET  
6157 MIDNIGHT PASS RD  
#G-12  
SARASOTA FL 34242**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**100 SAND DOLLAR LANE**

83

84 City

**SARASOTA**

FL

85 Zip Code

**34242**

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 (Block 9) (Block 10)

(Block 9) (Block 10) (Signature) (Block 10)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JANET</b>	
STREET ADDRESS	<b>6157 MIDNIGHT PASS RD #G-12</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>100 SAND DOLLAR LANE</b>
14. CITY - ST - ZIP	<b>SARASOTA, FL 34242</b>
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 the 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:

*Janet Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

941-349-5726

CR2E034 (12/95)