FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084505 (5)**

1. Corporation Name

SARASOTA REMODELERS, INC.

Principal Place of Business	Mailing Address
1605 MAIN STREET SUITE 1001 SARASOTA FL 34236	1605 MAIN STREET SUITE 1001 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 4223 Southwell Way	26 PO Box 45218
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota, Fl	28 City & State: Sarasota, FL
24 Zip: 34241 25 Country: USA	29 Zip: 34277 30 Country: USA

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1993	03/22/1994

4. FEI Number: 65-0453209 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDSMITH, STANLEY A 1605 MAIN STREET SUITE 1001 SARASOTA FL 34236	81 Name: MICHAEL M. MARCUS 82 Street Address (P.O. Box Number is Not Acceptable): 4223 SOUTHWELL WAY 83 84 City: SARASOTA, FL 85 Zip Code: 34241

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: Michelle M. Marcus V.P. 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1 1 TITLE		☒ Change ☐ Addition
NAME	MARCUS, MICHAEL M.	1 2 NAME		
STREET ADDRESS	5224 SIESTA COVE DR.	1 3 STREET ADDRESS	4223 Southwell Way	
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	DVST	2 1 TITLE		☒ Change ☐ Addition
NAME	MARCUS, MICHELLE M	2 2 NAME		
STREET ADDRESS	5224 SIESTA COVE DR.	2 3 STREET ADDRESS	4223 Southwell Way	
CITY-ST-ZIP	SARASOTA FL	2 4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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)(i), 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.

SIGNATURE: Michelle M. Marcus 4-17-95 813-922-8049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0341018 CP