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

PROFIT CORPORATION ANNUAL REPORT



FUORIDA DEPARAMENT OF STATE.
Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500012713

	OF SARASOTA	SERVICES				
Principal Place of		Maling Address				
7509 4	19th Au€ E					
BRADEN	FLORIS				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Addres	SS		4. FEI Number	Applied Fo
21	, or bu micss	26			65-0561304	Not Applic
Suite, Apt. #, 6	91C.	Suite Apt. #, e	etc	.,	5. Certificate of Status Desired	\$8.75 Addition
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May B
23	· - · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	Added to Fees
Zp	Country	Zip	Coun	lry	8. This corporation has liability for	rintangible tax under si 199.032, si 🔲 No
24	25	29	30		Florida Statutes Yes  10. Name and Address of New I	
	9. Name and Address of Co	urrent negistered Agent		Name	10. Hame and Address of Hon	incgistored rigetti
BRAD	D E. SCHULE	=		1		
<del>-</del>	=		[6	Street Add	dress (P.O. Box Number is Not Accepta	ble)
7509	149th AVE	٤		33		
ROAT	DENTON, FLOR	10.0	[			
, Bit is	•	Z 03	1	34 City		FI 85 Zip Code
*			Chat too two about	c purpod com	oral on submits this statement for the pu	• • •
or rea stered	-alient, or both, in the State of	CFlorida, Such change was a	authorized by the co	e named corpo orporation's to	erarent scientis this statement roll the po and of directors. Thereby accept the app	poritrient as registered agent. I
familiar with,	and accept the obligations of,	, Section 607.0505, Florida S	Statutes			
SIGNATURE						
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		S AND DIRECTORS	13.	·····		
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TITLE TO THE NAME STREET ADDRESS	P.D BRADD E. SCH 7COG 49th AV	DELE VLE VE E	13. TE 1 111 12 NAI 13 S'F	UF ME BELL ADDINESS		FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIF	P.D BRADD E. SCH	DELE  VE E  ALDA 34203	13. TE 1.1111 1.2.NAF 1.3.S*F - 4.0.IF	QF ME BELL ADDRESS Y - S1 - ZIF		FICERS AND DIRECTORS IN 12
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TITLE TO THE NAME STREET ADDRESS CITY-ST ZIF TITLE NAME	P.D BRADD E. SCH 7COG 49th AV	DELE  VE E  ALDA 34203	13. TE	LE ME ME LADDRESS Y-S1-ZIF LE ME		FICERS AND DIRECTORS IN 12
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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(a)(k). Florida Statutes Furnier 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 corroration 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 chapter 607 in an attachment with an address.

SIGNATURE:

Phaid E. John Phaddet Signature and typed or printed name of signature and typed or printed name of signang officer or director

April 24,1996 Capter Prime .