

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 **D** DELETE
NAME **SMITH, JANET**
STREET ADDRESS **6157 MIDNIGHT PASS RD #G-12**
CITY - ST - ZIP **SARASOTA FL 34242**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS **100 SAND DOLLAR LANE**
4. CITY - ST - ZIP **SARASOTA, FL 34242**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. NAME Change Addition
6. STREET ADDRESS
7. CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

8. NAME Change Addition
9. STREET ADDRESS
10. CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. NAME Change Addition
12. STREET ADDRESS
13. CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14. NAME Change Addition
15. STREET ADDRESS
16. CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

17. NAME Change Addition
18. STREET ADDRESS
19. 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

DATE

PHONE NUMBER

CR2E034 (12/95)