

5-27-97 B-1667 C  
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 May 27 1997 8:00am  
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L27467 (4)  
 1. Corporation Name  
 311 CORPORATION OF SARASOTA



Principal Place of Business  
 C/O ALEX LANCASTER  
 711 N. WASHINGTON BLVD.  
 SARASOTA FL 34236

Mailing Address  
 C/O ALEX LANCASTER  
 711 N. WASHINGTON BLVD.  
 SARASOTA FL 34236-4243

3. Date Incorporated or Qualified 11/03/1989  
 3a. Date of Last Report 05/01/1996  
 4. FEI Number NOT APPLICABLE  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 25 Suite, Apt. #, etc.  
 26 City & State  
 27 Zip Country  
 28

9. Name and Address of Current Registered Agent  
 LANCASTER, ALEX  
 711 N. WASHINGTON BLVD.  
 SARASOTA FL 34236

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUST, JANE	
STREET ADDRESS	1887 SOUTH DR	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAUST, MARTY	
STREET ADDRESS	1887 SOUTH DR	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANCASTER, MARLENE	
STREET ADDRESS	1807 SOUTH DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)