

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90055 035 ****61.25

0068005

DOCUMENT # N93000002023

1. Corporation Name
FORTY CARROTS OF SARASOTA, INC.

466122 - 90055 - 35

Principal Place of Business

1500 S TUTTLE AVE
SARASOTA FL 34239

Mailing Address

1500 S TUTTLE AVE
SARASOTA FL 34239



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/04/1993

4. FEI Number

65-0405988

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

9. Name and Address of Current Registered Agent

WATTS, DANA
1620 MAIN ST
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MIMI KLEIN
STREET ADDRESS 3315 BAYSHORE DR
CITY-ST-ZIP SARASOTA FL

TITLE VDST
NAME WEISS, DIANE
STREET ADDRESS 2397 FIESTA DR
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME BASS, PEGGY
STREET ADDRESS 1837 SPRING CREEK DR
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME FEINBERG, BARBARA
STREET ADDRESS 4495 OAKVIEW DR
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME ANDERSON, NORMA
STREET ADDRESS 3465 BEE RIDGE RD #324
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME GOLDSTEIN, NORMAN
1.3 STREET ADDRESS 3223 OLD OAK DR.
1.4 CITY-ST-ZIP SARASOTA, FL 34239

2.1 TITLE PD
2.2 NAME KAUFHARTNETT, BETSY
2.3 STREET ADDRESS 6131 GOLF OF MEXICO DR
2.4 CITY-ST-ZIP LONG BOAT KEY, FL 34228

3.1 TITLE SD
3.2 NAME KLEIN, MIMI
3.3 STREET ADDRESS 3315 BAYSHORE DR.
3.4 CITY-ST-ZIP SARASOTA, FL 34234

4.1 TITLE VDT
4.2 NAME WEISS, DIANE
4.3 STREET ADDRESS 2397 FIESTA DR
4.4 CITY-ST-ZIP SARASOTA, FL 34231

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 941 3657716

Date Daytime Phone #

CR2E037 (11/98)