FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporation Name " 27 9004 (0)					!		
SARAS	OTA JUNGLE GARDENS	SINC					
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Principal Place of Business Mailing Address				······	4 DEQUID THRIS CORP (DISUS RESIN MOTH) O	ISBN ALBIN DIRKU ATRAN ÖRÜSI Ö	FORF OFFIL IDOI
\$701 BAY SHORE ROAD 3701 BAY SHORE I			HORE ROAD				
SARASOTA F	FL 34234	SARASOTA			DO NOT WRITE IN THIS SPACE		
						E IN THIS SPACE	
					3. Date incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing A	ddress		02/28/1964 4. FEI Number		Annii - d F
21		26			59-1379767		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			40.75	Additional
22		27			5. Certificate of Status Desired		Required
City & Sta	t o	City & St	ate		6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country	8. This corporation owes or has p	aid the current year I	ntangible
24	25			30	Personal Property Tax due Jun		□ No
	9. Name and Address of C	urrent Registered Age	nt	81 Name	10. Name and Address of New R	egistered Agent	
	VICK DOROTHY			Doc	othy A. Tinn	e I Caloma	o cha ma
3701 BAYSHORE RD				82 Street Add	iress (P.O. Box Number is Not Accepte	ible)	75
SARASOTA FL 34234				83			
				•			
				84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, F	lorida Statut	es, the above-named cor	poration submits this statement for the	purpose of changing	its registered
agent. I a	am familiar with, and accept the	obligations of, Section (authorized by the corpore orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acception	pt the appointment a	is registered	
SIGNATURE	I forother B.	Timmer		·oThu A. T		16/98	
		ed agent and title if a plicable	(NOT	. Registeres Agent signature raqu			
TITLE		S AND DIRECTORS	DOLOTO	13.	ADDITIONS/CHANGES TO OFFI		
NAME	SD Killoren, Thomas A.	L] DELETE	1.1 TITLE		[] Change	☐ Addition
STREET ADDRESS	3701 BAY SHORE ROAD			1.2 NAMF			
	SARASOTA FL			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PTD		DELETE	1.4 City-St-ZiP 2.1 Title		☐ Change	Addition
NAME	TINNEY, DOROTHY	_	Joernie	2.2 NAME			L Addition
STREET ADDRESS	3701 BAYSHORE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	AS		DELETE	3.1 TITLE		☐ Change	Addition
NAME	LAVICK, CHERYL			3.2 NAME		_ •	
STREET ADDRESS	3701 BAYSHORE ROAD			3.3 STREET ADDRESS			İ
CITY-ST-ZIP	SARASOTA FL			3.4. CITY-ST-ZIP			
TITLE			DELETE	4.1 TITLE		☐ Change	Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		L	DELETE	5.1 TITLE		☐ Change	Addition
NAME				5.2 NAME			1
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-2W			DE1 575	5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		L	DELETE	6.1 TITLE		L. Change	☐ Addition
NAME OTRETT ADDRESS				6.2 NAME			l
STREET ADDRESS				6.3 STREET ADDRESS			ì
14 I beceby c	sertify that the information supplie	ad with this filing does a		6.4 CITY-ST-ZIP	0.4.4.4.0.07/01/01/01		

Thereby certify that the information supplied with this filling 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.

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FILED

May 12 1998 8:00am

Secretary of State