

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **527930** (2)
1. Corporation Name
STOKES REALTY OF SARASOTA, INC.



Principal Place of Business 6606 SUPERIOR AVENUE SARASOTA FL 34231	Mailing Address 6606 SUPERIOR AVENUE SARASOTA FL 34231-5838
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2. Principal Place of Business 21 4637 SAWYER RD Suite, Apt. #, etc.		2a. Mailing Address 26 4637 SAWYER RD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/16/1977	3a. Date of Last Report 05/01/1996
22 FL City & State		27 FL City & State		4. FEI Number 59-1726744	Applied For Not Applicable
23 34233 Zip	25 SARASOTA Country	28 34233 Zip	30 SARASOTA Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent STOKES, MILDRED 6606 SUPERIOR AVENUE SARASOTA FL 34231				10. Name and Address of New Registered Agent	

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 <i>Mildred Stokes</i> Signature, typed or printed name of registered agent, and title if applicable.	SIGNATURE <i>Mildred Stokes</i> (NOTE: Registered Agent signature required when reinstating)
DATE 4-28-97	DATE 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, MILDRED	1.2 NAME	same
STREET ADDRESS	6606 SUPERIOR AVE.	1.3 STREET ADDRESS	4637 SAWYER RD
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, DEBORAH L.	2.2 NAME	same
STREET ADDRESS	6606 SUPERIOR AVE.	2.3 STREET ADDRESS	4637 SAWYER RD
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOGHUE, JANE S.	3.2 NAME	same
STREET ADDRESS	6606 SUPERIOR AVE.	3.3 STREET ADDRESS	4637 SAWYER RD
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AABYE, CAROLYN	4.2 NAME	same
STREET ADDRESS	6606 SUPERIOR AVE.	4.3 STREET ADDRESS	4637 SAWYER RD
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONER, CHRISTINE STOK	5.2 NAME	same
STREET ADDRESS	6606 SUPERIOR AVE.	5.3 STREET ADDRESS	4637 SAWYER RD
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(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.

SIGNATURE: *Mildred Stokes* **REQUIRED** *Mildred Stokes* **4-28-97** **9419242001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)