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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 574677

CSS OF SARASOTA, INC.

Principal Place of Business		Mailing Address					10015 1001 0	 	11911 B:#1) 618 1) 881	
152 PHILLIPPI SHORES DR.		152 PHILLIPPI SHORES DR.									
SARASOTA FL 34231-9152		SARASOTA FL 34231-915	2				DO NOT WE	DITE IN T	HIS SDACE		
03		US				3. Date Inc	corporated or Qualife		THO OF ACL	· ·	
						06/05/		•			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Nun			1	Applied Fo	or
21		26				59-183	35139		<u> </u>	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.7	5 Addition	
22		27				5. Certificat	te of Status Desired		Fe	e Required	
City & Stat	le .	City & State				6. Election	Campaign Financing	, 🗆	\$5.	00 May Be	
23		28				Trust Fu	and Contribution			ied to Fees	
Zip	Country	Zip	Cou	ıntry		8. This con	poration owes the cu	irrent yeai	r Intangible		
24	25	29	30				al Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre			100		10. Name a	nd Address of New	Register	ed Agent		
I EW	/IS, KURT F			81	Name						
	4 GATEWAY AVE		·	82	Street Add	lress (P.O. Box I	Number is Not Accep	table)			
	ASOTA FL 34231						**** <u> </u>			3-11-1	<u> </u>
) JAIT	N301A 1 E 3423 [•		83							
	•			84	City			<u> </u>	85	Zip Code	1917
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ودرمه ودراية	144 4 Martin St. 144 4.										
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the al	bove-r	named corp	poration submits	this statement for th	e purpose	of changing	g its register s registered	red
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change was a	authorized	by th	named corp ne corporati	poration submits ion's board of dir	this statement for th rectors. I hereby acco	e purpose ept the ap	e of changing pointment a	g its register s registered	red
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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 607, 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.

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90072 025 ***150.00