FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

628164

(6)

Principal Place		Ma∜ing Address					
3800 SOUTH SARASOTA	I TUTTLE AVE FL 34239	3900 SOUTH TUTTLE SARASOTA FL 34239	3800 SOUTH TUTTLE AVE SARASOTA FL 34239				
					3. Date Incorporated or Qualified 06/26/1979	3a. Date of L 04/26	ast Report 6/1995
21	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 59-1916937		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	28		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Z(p)	25 29 30			y 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No Yes No No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New F	legistered Agen	ıt
MATHIS, E THOMAS				Mane			
	OUTH TUTTLE AVE		82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
	OTA FL 34239		83	d			
0,44,00	21/1 L 01400			<u> </u>			
			84	City		FL 85	Zip Gode
or registeri familiar wit	ed agent or both, in the State of Flor n, and accept the obligations of. Sco E Thomas Math	ituri 607.0509 Florida Statutes	ϵ_{i}	mamed corpora poration's board Humb of signature pared	ation submits this statement for the pured of directors. Thereby accept the app	ripose of changing ointment as regis	tered agent. I am
12.	OFFICERS AN	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	ECTORS IN 12
TIFLE	DP	DELFTE	1 1 TITLE			Ch.	ange 🔲 Addition 🕏
NAME	MATHIS, E THOMAS						3
STREET ADDRESS			1.3 STREE	LADDRESS			[]
CITY - ST - ZIP			1.4 CITY -	S1 - 7IP			
Title .	☐ DELETE 2:1		2.1101.6			Ch.	arige 🔲 Addition 🕻
NAME			2.2 NAME				
STREET ADDRESS				RESPROCA			
CITY - ST - ZIP	···· *·	DELETE	2.4 City		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME			3 1 TIFLE	-		☐ Ch.	ange 🗌 Addit-on
STREET ADDRESS			3.2 NAME	T ADGOSC			}
CITY-S!-7iP				ET ADDRESS			
TITLE		DELETE.	3.4 C/TY - 4.1 T/ELE			☐ Ch	ange Addition
NAME		.	4.2 NAME				9
STREET ADDRESS				T ADDRESS			
CITY+S1+ZiP			4.4 C-TY				
TITLE			5 1 TITLE			Ch.	ange Addition
NAME			5.2 NAME				
\$1REET ADDRESS			5.3 STREE	LADDRESS			
CHTY-ST-ZIP			5.4 CHY-	\$1 - ZIP			
TITLE			€ 1 THTLE			[] Cha	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP			6 4 CITY -	ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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 eath; that I am an officer or director of this consideration 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.

T M H. 1 > - 11 /

SIGNATURE: 500 2 Matter Signature and typed or printed name of signing officer or director

5/1/96 941-924-2202