## 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** #

681104

(6)

M & S CORPORATION OF SARASOTA

Principal Place	of Business							
3482 CLARK I SARASOTA FI		3482 CLARK ROAD SARASOTA FL 34231						
					<ol> <li>Date Incorporated or Qualified 08/05/1980</li> </ol>	3a. Date 04	of Last P 4/25/19	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
]		26			59-2017801			Not Applicable
Suite, Apt. #, etc		Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zφ 29	Gountry			. □No		199.032,
L	9. Name and Address of Curre		12-1		10. Name and Address of New I	Registered	Agent	
			81	Name				
SANTOS, MIGUEL A.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
3428 CLARK ROAD SARASOTA FL 34231			83					
ONTH-0017 (C 0420)			84	City			<b>85</b> Z	ip Code
				City		FL	.   "	
SIGNATURE _	h, and accept the obligations of, Sec		E Rejectered Age	od Sajngran respon	4 Magnetic States ADDITIONS/CHANGES TO OFF	DATE FICE'RS AND	DIRECT	ORS IN 12
IZ.	D OFFICENS AI	DELETE	1 1 TIILE		, , , , , , , , , , , , , , , , , , , ,		Change	
NAME	SANTOS, MIGUEL A.		1.2 NAME					
TREET ADDRESS	6925 MANDARIN ROAD			T ADDRESS				
DITY - ST-ZIP	SARASOTA FL		14 CITY -	ST-ZP				
ITLE	8	☐ DELETE	2 1 THTLE			[	Change	Addition
IAME	SANTOS, SONIA		2.2 NAME					
TREET ADDRESS	6925 MANDARIN ROAD		2 3 STRFE	LADORESS				
CITY-ST-ZIP	SARASOTA FL		2 4 CITY -	S1 - Zif:				- T.
ITLE		☐ DELETE	3 1 7:11 8			i	Change	. Addition
IAME			3.2 NAME					
TREET ADDRESS				FT ADDRESS				
CHTY - ST - ZIP		FTI DE ETT	3.4 CH Y -				Change	Addition
TITLE		☐ DELETE	4 1 TITLE				спанув	. Negligi
NAME			4 2 NAME					
STREET ADDRESS				LADORESS				
CITY-ST-ZIP		E3 or or	4.4 CiTi -				☐ Change	Addition
TITLE		DELETE	5 1 T.TLE				L. Charige	

14. Ido hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify 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 cath; that I am an officer or director of the couporation or the receiver or trusted 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 attack ment with an address

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

5 4 City - ST - ZiP

6.3 STHEET ADDRESS

64 CHY-ST ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DELE1E

4-24-96 (941) 922-8925

Change

Addition