

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743625

(6)

1. Corporation Name

THE WORLD'S ATTIC, INC.



Principal Place of Business

3639 BAHIA VISTA STREET
SARASOTA FL 34232

Mailing Address

P.O. BOX 7364
SARASOTA FL 34278
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/18/1978

3a. Date of Last Report
03/16/1995

4. FEI Number

59-1852699

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, JULIE
4756 ACORN CIRCLE
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ZIMMERMAN, JULIE
STREET ADDRESS 4756 ACORN CIRCLE
CITY-ST-ZIP SARASOTA FL 34233

☐ DELETE

TITLE PD
NAME SCHLABACH, KAY
STREET ADDRESS 260 BEARDED OAKS DRIVE
CITY-ST-ZIP SARASOTA FL 34232

☒ DELETE

TITLE TD
NAME MAST, RAY
STREET ADDRESS 4225 LINWOOD ST.
CITY-ST-ZIP SARASOTA FL 34232

☒ DELETE

TITLE D
NAME MURPHY, ANITA
STREET ADDRESS 4512 ARDALE STREET
CITY-ST-ZIP SARASOTA FL 34232

☐ DELETE

TITLE D
NAME KURTZ, BONNIE
STREET ADDRESS 3000 FREDERICK LANE
CITY-ST-ZIP SARASOTA FL 34234

☒ DELETE

TITLE SD
NAME MARTIN, ALICE
STREET ADDRESS 2735 AMANDA DR.
CITY-ST-ZIP SARASOTA FL 34232

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
Kathy Troyer
201 Jacob's Rd
Sarasota FL 34240

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
Verda Beachey
1303 Quail Run Trail
Sarasota FL 34232

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
Elizabeth A. Miller
2052 Olentary Way
Sarasota FL 34231

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Miller Elizabeth A. Miller

4-28-96

(941) 921-4612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)