

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34278-7364
US



3. Date Incorporated or Qualified
07/18/1978

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3737 Bahia Vista

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

24 34232

Country

25 U.S.A

2a. Mailing Address

26 3737 Bahia Vista

Suite, Apt. #, etc.

27 City & State

28 FL

Zip

29

Country

30

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)

3737 Bahia Vista

83

84 City

Sarasota FL

FL

85 Zip Code

34232

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 617.032, Florida Statutes.

SIGNATURE

Susan Loop Manager

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

(NOTE: Registered Agent signature required when reinstating)

4/13/97

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 D
NAME TROYER, KATHY
STREET ADDRESS 201 JACOBS RD
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE PD
NAME BEACHEY, VERDA
STREET ADDRESS 1303 QUAIL RUN TRAIL
CITY-ST-ZIP SARASOTA FL

☐ DELETE

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

☐ DELETE

TITLE TD
NAME MILLER, ELIZABETH
STREET ADDRESS 2052 OLENTARY WAY
CITY-ST-ZIP SARASOTA FL

☐ DELETE

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

☐ DELETE

1.1 TITLE D
1.2 NAME Sue Nisely
1.3 STREET ADDRESS 2781 Sarasota Gulf Club Blvd
1.4 CITY-ST-ZIP Sarasota, FL 34240

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Loop*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 941-362-2729
Date Daytime Phone # 0084184

CR2E037 (9/96)