

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744767 (5)

1. Corporation Name

VOITURE LOCAL 797 SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address

159 AMERICAN LEGION WAY  
P.O. BOX 1631  
VENICE FL 34284-8631159 AMERICAN LEGION WAY  
P.O. BOX 1631  
VENICE FL 34284-1631

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, FRANKLYN E  
809 CHURCH STREET  
NOKOMIS FL 34275

81 Name

FRANK BRYANT

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

8696 CULEBRA AVE

83

NORTHPORT, FL 34287

84 City

FL

85 Zip Code

34287

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 D DELETE  
NAME RALPH BREEDEN  
STREET ADDRESS 217 HIGH POINT DR  
CITY - ST - ZIP VENICE FL1.1 TITLE V  
1.2 NAME RALPH BREEDEN, JR  
1.3 STREET ADDRESS 217 HIGH POINT DR.  
1.4 CITY - ST - ZIP VENICE, FL 34285TITLE P DELETE  
NAME FRANK BRYANT  
STREET ADDRESS 8696 CULEBRA AVE  
CITY - ST - ZIP NORTH PORT FL2.1 TITLE T  
2.2 NAME FRED B. METLER  
2.3 STREET ADDRESS 2992 SUNSET BEACH DR.  
2.4 CITY - ST - ZIP VENICE, FL 34293TITLE D DELETE  
NAME JOHN KOVAL  
STREET ADDRESS 200 THE ESPLANADEN, APT C-4  
CITY - ST - ZIP VENICE FL3.1 TITLE S  
3.2 NAME FRANKLYN E. WALLACE  
3.3 STREET ADDRESS 809 CHURCH STREET  
3.4 CITY - ST - ZIP VENICE, FL 34275TITLE D DELETE  
NAME THOMAS MORROW  
STREET ADDRESS 1808 VIKKI CT  
CITY - ST - ZIP VENICE FL4.1 TITLE D  
4.2 NAME LAWRENCE RICE  
4.3 STREET ADDRESS 170 MANESS ROAD  
4.4 CITY - ST - ZIP VENICE, FL 34293TITLE T DELETE  
NAME WALLACE, FRANKLYN E  
STREET ADDRESS 809 CHURCH ST  
CITY - ST - ZIP NOKOMIS FL5.1 TITLE D  
5.2 NAME EDW. MARLATT  
5.3 STREET ADDRESS 6926 ROSLYN CT.  
5.4 CITY - ST - ZIP NORTHPORT, FL 34287TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE D  
6.2 NAME ANTHONY YAMONICO  
6.3 STREET ADDRESS 552 SHAMROCK BLVD  
6.4 CITY - ST - ZIP VENICE, FL 34293

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064347

CP2E037 (9/96)

941-493

FRED B. METLER MAY 5, 1997 7862