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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # 76060	7 /7\					
Corporation		\'					
SARAS	SOTA VISUAL ART CENTER	, INC.			I ANGLES CARRES COMES CONTRACTORS CONTRACTORS	FARI BIBLI BIBLI BIBLI BI	SII BEBLI BIBIL IBBI
5							
Principal Place	e of Business	Mailing Address				AGG, MIBIT GIGIS BIBIT BI	an alan dian 1991
707 N. TAMIAMI TRAIL SARASOTA FL 34236 US 707 N. TAMIAMI TRAIL SARASOTA FL 34236 US			L				
03		US			3. Date Incorporated or Qualified 06/09/1982	3a. Date of Lat 06/16/	•
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number NOT APPLICABLE		Applied For Not Applicable
¬ ' '	Suite, Apt. #, etc. Suite, Apt. #, etc.				Certificate of Status Desired	\$8.7	5 Additional
City & State	0	27 Cit. 8 Ctala					Required
Ony & State	d	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zφ	Country	Zip	Cour	ntry	8. This corporation has liability for in	ntangible tax under	
<u> </u>	25	29	30			Yes 🖪 No	
	9. Name and Address of Curren	it Hegistered Agent		81 Name	10. Name and Address of New Re	egistered Agent	
DALACE	: IDANIC						
PALACE, IRVING 1212 BEN FRANKLIN DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
SARASC	OTA FL 34236			83			
				84 City		FI 85 2	Zip Code
1. Pursuant t	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	tes, the above	re-named corpo	ration submits this statement for the purp	oose of changing its	registered office
familiar wi	th, and accept the obligations of, Secti	ba. Such change was authoriz ion 617.0503, Florida Statutes	zed by the c s.	orporation's boa	ard of directors. I hereby accept the appo	intment as registere	d agent. I am
SIGNATURE .							
	Signature, typed or printed name of registered agent	and title if applicable (NC	TF Registered	amont cinnet we require			
	OFFICERS AND	DIDECTORS		Agont a graze se require	ed when reinstating)	DATE	000 0140
		D DIRECTORS	13.		ad when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
ILF	D	D DIRECTORS DELETE	13. 11 TH	.E			
ILF KME	D SHAPIRO, SAMUEL		13. 11 TIT 1.2 NA	.E ME		CERS AND DIRECT	
ILF NME REET ADDRESS	D Shapiro, Samuel 1105 Gulf of Mexico Dr.		13. 1 1 TIT 1.2 NA 1.3 STI	LE ME LEET ADDRESS		CERS AND DIRECT	
LF IME REET ADDRESS IY - ST - ZIP	D SHAPIRO, SAMUEL		13. 1 1 TIT 1.2 NA 1.3 STI	LE ME IEET ADDRESS Y-ST-ZIP		CERS AND DIRECT	
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TLF AME REET ADDRESS 14 - ST - ZIP PLF MME REET ADDRESS 17 - ST - ZIP LLE ME	D SHAPIRO, SAMUEL 1105 GULF OF MEXICO DR. LONGBOAT KEY FL MD MULLER, MAX 6902 STETSON ST CIR SARASOTA FL T PALACE, IRVING	□ DETELE	13. 11 TIT 12 NA 13 STI 14 CTT 21 TIT 22 NA 23 STI 2 4 CTT 31 TIT 32 NA	LE ME		CERS AND DIRECT Change	☐ Addition
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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.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR