

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 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 # 764035 (2)  
1. Corporation Name  
SARASOTA CONVENTION AND VISTORS BUREAU, INC.



Principal Place of Business Mailing Address  
% H. WILLIAM SCOVILL  
1605 MAIN STREET #912  
SARASOTA FL 34236

3. Date Incorporated or Qualified 07/06/1982  
3a. Date of Last Report 04/17/1996  
4. FEI Number 59-2189967  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
SCOVILL, H. WILLIAM  
1605 MAIN STREET #912  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE P  DELETE  
NAME MOLDAN, HOWARD  
STREET ADDRESS BUDGET RENT A CAR  
CITY-ST-ZIP SARASOTA FL  
TITLE ST  DELETE  
NAME STARR, LARRY  
STREET ADDRESS LONGBOAT ACCOMMODATION  
CITY-ST-ZIP LONGBOAT KEY FL  
TITLE D  DELETE  
NAME MARTHALER, LARRY  
STREET ADDRESS 655 N. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA, FL 00000  
TITLE ~~D~~  DELETE  
NAME ~~WISE, RAY~~  
STREET ADDRESS ~~BUDGET RENT A CAR~~  
CITY-ST-ZIP ~~SARASOTA FL~~  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  Change  Addition  
1.2 NAME John O'Hara  
1.3 STREET ADDRESS 1000 Blvd. of the Arts  
1.4 CITY-ST-ZIP Sarasota, FL 34236  
2.1 TITLE D  Change  Addition  
2.2 NAME Fred Piccolo  
2.3 STREET ADDRESS Sarasota Bradenton Airport  
2.4 CITY-ST-ZIP Sarasota, FL 34278  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *M. Mortham* REQUIRED 1-31-97 955-0991 (941)

CR2E037 (9/96)