1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767970

RITZ, DAVID O

CENTER FOR POSITIVE			
Principal Place of Business			
802 SARASOTA QUAY 802 SARASOTA IUS US			
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 04/15/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 94-2778677
City & State	City & State	·	5. Certificate of Status Desired F
	untry Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution \$ 5
	idress of Current Registered Agent	81 Name Car	10. Name and Address of New Registered Agent ol L. Carnes

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90099 034 ****61.25

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

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

RO2 SARA	SOTA QUAY		I 1	1103 Citrus Avenue						
SARASOTA FL 34236		83								
SALASOI						[an] 7:- (
	年 (2011年7月1日) 1987年 - 1987年		84 City	y Sarasota	FL	85 Zip (
11. Durauget to the provinces of Sections 617 0502 and 617 1508. Florida Statutes, the			bove-nan	ned corporation submits this statement for the	ne 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE	Carol L. Carnes, Executive Director 4-8-99									
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.			FFICERS AN					
TTLE	PTR DELETE	1,1 T	MLE	PTR		Change	☐ Addition			
IAME .	RITZ, DAVID OWEN	1.2 N	AMÉ	Ron Johnson			ļ			
TREET ADDRESS	802 SARASOTA QUAY	1.3 9	TREET ADDR	ESS 6865 Hughes Street						
ITY-ST-ZIP	SARASOTA FL	1.4 0	ITY-ST-ZIP	Longhoat Key, FL 342	28					
TILE	VT DELETE	2.1 7	ITLE	VTR		Change	☐ Addition			
IAME	SCOTT, SUSAN	2.21	AME	Susan Eggleston						
TREET ADDRESS	1111 79 ST NW	2.3 9	TREET ADDR							
TY-ST-ZIP	BRADENTON FL	2.4	CITY-ST-ZIP	Sarasota, FL 34237						
TITLE	T □ DELETE	3.1 7	ITLE	T .		Change	Addition			
AME	RADTKE, RALPH	3.21	IAME	Bruce Seiden			ļ			
STREET ADDRESS	1729 LOMA LINDA	3.3 9	TREET ADOR		Apt 11D					
CITY-ST-ZIP	SARASOTA FL 34239	3.4.	CITY-ST-ZIP	Sarasota, FL 34236						
TITLE	\$ DELETE	4.11	MLE	S		Change	☐ Addition			
:AME	DILGES, ARLENE	4. 2	MAME	Linda Seiden			-			
STREET ADDRESS	4625 SLOAN AVE	4.3 9	TREET ADDR	_{ÆSS} 1111 N. Gulfstream .	Apt 11D					
CITY-ST-ZIP	SARASOTA FL	4.4 (:ITY-ST-ZIP	Sarasota, FL 34236						
TTLE	M DELETE	5.17	MLE	M		Change	☐ Addition			
IAME	DEVINE, SHIRLEY	5.21	AME	Carol Carnes						
STREET ADDRESS	5605 GUAVA #104	5.3 8	TREET ADDR	ESS 1103 Citrus Avenue			į			
CITY-\$T-ZIP	HOLMES BCH FL 34217	5.4 (ITY-ST-ZIP	Sarasota, FL 34236						
TTLE	PTR SDELETE	6.1 7	MLE			Change	☐ Addition			
IAME *	BUTLER, RICHARD A	6.2 N	IAME							
TREET ADDRESS	2299 SEWARD DR	6.3 9	TREET ADDR	RESS		_	ļ			
XTY-ST-ZIP	SARASOTA FL 34232	6.4 0	TY-ST-ZIP							

14. I 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, with all other like empowered.

SIGNATURE:

4-8-99

(941) 951-0420