## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		DIVISION OF CORPC		PORATIONS		Secretary of State			
	MENT # 85 DMAN, INC.	7969	(0)				C INCOME WHAT THE PROPERTY COME AND A	a kiki ba	ok elen ölön bibu	B:BAI HIBI
Principal Place			ing Address SINCLAIR DRIVE					***	)	
1201 SINCLAIR SARASOTA FL US			SOTA FL 34240-855	0						
							<ol> <li>Date Incorporated or Qualified 10/03/1983</li> </ol>		Date of Last I 4/26/1996	Report
2. Principal P	lace of Business	2a. 1	Mailing Address				4. FEI Number 11-2628297			pplied For lot Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State	P		City & State				Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees
Zip	Counti	՝ իդ	Žip	Coun	try		8. This corporation has liability for	r intangi	ible tax under	····
24	25 Serve and Address	29 29 29 29 29 29 29 29 29 29 29 29 29 2	red Agent	30			Florida Statutes  10. Name and Address of New I		No ed Agent	
FRIF	DMAN, DR. LAWREN			- 16	81 N	lame				······································
1201	SINCLAIR DRIVE			Ī	B2 S	Street Addr	ess (P.O. Box Number is Not Accept	able)		
SAR	ASOTA FL			Ē	83		, , , , , , , , , , , , , , , , , , ,			
				•	84 (	City		F	85 Zip	Code
11. Pursuant office or n	to the provisions of Sec egistered agent, or both	tions 607.0502 and 607 h, in the State of Florida	7.1508, Florida State Such change war	utes, the abo	ove-n by th	amed corp	oration submits this statement for the on's board of directors. I hereby acc	purpos ept the	e of changing	its registered s registered
agent. La SIGNATURE	m familiar with, and acc	cept the obligations of,	Section 607.0505, 1	Florida Statu	les.	·	•			_
		e of registered agent and tille if			Agent s	ignature require	ed when reinstating)	DAT		50 11 10
12.	PD	OFFICERS AND DIRECT	OHS DELETE	13.	<u></u>		ADDITIONS/CHANGES TO OFF	ICEHS A	Change	RS IN 12
NAME	FRIEDMAN, LAWRE	NCF J.	beach	1.2 NAM						Noom(a)
STREET ADORESS	1201 SINCLAIR DR			1.3 STR		DRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 CITY	/-ST-Z	)P				
TITLE	D		☐ DELETE	2.1 TITL	Æ				] Change	Addition
NAME	SULAHIAN, WILLAM			22 NAN	AE.					
STHEET ADDRESS	15 FRONT ST, BO)			23 STR						
CITY - ST - ZIP TITLE	ROCKVILLE CENTE	21 N1	DELETE	2. 4 CIT 3.1 TITE		ZIP			Change	Addition
NAM:				3.2 NAM						
STREET ADDRESS				3.3 STR	EET AD	DRESS				
City-St-ZiP				3.4. CiT	Y-\$1-7	ZIP				
TITLE			☐ DEFELE	4.1 TfTL	.E				Change	Addition
NAME				4. 2 NA)						
STREET ADDRESS				4.3 STR		· ]				
CITY - ST - ZIP			DELETE	4.4 CITY 5.1 TITL		IP			Change	Addition
NAME.			<del></del>	5.2 NAN		1			•	
STREET ADDRESS				5.3 STR	eet ad	DRESS				
City-SI-7iF	A-0-17			5.4 C(T)	(-ST-Z	IP .				
BiTLE			☐ DELETE	61 TITL		-			Change	Addition
NAME OXOECT ADDRESS				6.2 NAN						
STREET ADDRESS				6.3 STR			•			
14. I do heret	by certify that the inform	nation supplied with this	filing does not qui	6.4 CITY alify for the e		41	in Section 119.07(3)(i), Florida Statu	tes. I fur	ther certify tha	it the
informatio Lam an o appears i	in indicated on this ann fficer or director of the i in Block 12 or Block 13	ual report or supplement corporation of the receing if changed or on an at	ntel annual report is yur or trustee empr lachment with an a	s true and ac owered to ex ddress.	curál ecute	te and that this repor	my signature shall have the same let as required by Chapter 607, Florida	gal effec Statute	at as if made until as	nder oath; that name

SIGNATURE:

UPE AND TYPED OF PRINTED NAME OF BIGNING STRICEN ON DIRECTOR

4/21/97 941-3795220

**FILED** 

Apr 25 1997 8:00am

Secretary of State

CR2E034 (9/96)