

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merhan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56767 (9)

1. Corporation Name

LONGWOOD PROPERTIES OF SARASOTA, INC.



Principal Place of Business

**2033 MAIN STREET
SUITE 104
SARASOTA FL 34237
US**

Mailing Address

**2033 MAIN STREET
SUITE 104
SARASOTA FL 34237
US**

3. Date Incorporated or Qualified
12/02/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2150534

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VENABLE, JOSEPH P
1400 4TH AVE W.
BRADENTON FL 34205**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(Name of Registered Agent should appear in Block 10)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVOLTA, PIERO	
STREET ADDRESS	215 ROBIN DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAWN E	
STREET ADDRESS	2107 49 AVE W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MACINNES, KAREN	
STREET ADDRESS	6250 LONGWOOD BLVD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VENABLE, JOSEPH P.	
STREET ADDRESS	1532 84 ST NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V
33 STREET ADDRESS	DORMAN, TERRY B.
34 CITY - ST - ZIP	2033 MAIN ST. #104
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SARASOTA, FL 34237
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Piero Rivolta

2-28-96

954-0365

DATE

PHONE NUMBER

CR2E034 (12/95)