FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002775 (5)

1. Corporation Name

SARASOTA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
710 ROUTE 46 EAST, SUITE 210 FAIRFIELD NJ 07004	710 ROUTE 46 EAST, SUITE 210 FAIRFIELD NJ 07004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 08/18/1994

2. Principal Place of Business	2a. Mailing Address
21 710 Route 46 East	26 710 Route 46 East
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Fairfield, NJ	City & State 28 Fairfield, NJ
Zip / Country 24 07004 25 U.S.A.	Zip / Country 29 07004 30 U.S.A.

4. FEI Number: 22-3238349 ☐ 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 (X) No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 _____ DATE
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☐ Change ☐ Addition
NAME	BRODIE, SAMUEL	12 NAME		
STREET ADDRESS	710 ROUTE 46 EAST, SUITE 210	13 STREET ADDRESS		
CITY ST ZIP	FAIRFIELD NJ 07004	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SIMON, PETER E	22 NAME		
STREET ADDRESS	710 ROUTE 46 EAST, SUITE 210	23 STREET ADDRESS		
CITY ST ZIP	FAIRFIELD NJ 07004	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	TAUB, MELVIN S	32 NAME		
STREET ADDRESS	710 ROUTE 46 EAST, SUITE 210	33 STREET ADDRESS		
CITY ST ZIP	FAIRFIELD NJ 07004	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 4-25-95 201-882-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Samuel Brodie, President

0304311 FP