

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005106 (0)**

1. Corporation Name

ROCHESTER SARASOTA, INC.



Principal Place of Business

Mailing Address

~~235 E. MAIN ST.~~
ROCHESTER NY 14604

~~235 E. MAIN ST.~~
ROCHESTER NY 14604

2. Principal Place of Business

2a. Mailing Address

21 **90 ARFC 228 E MAIN ST**

26 **90 ARFC 228 E MAIN ST**

22 **STE 300**

27 **STE 300**

23 **ROCHESTER NY**

28 **ROCHESTER NY**

24 **14604**

29 **14604**

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

08/11/1995

4. FEI Number

16-1448185

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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 607.1505, 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 of principal registered agent as of 11/12/1993

Signature of principal registered agent as of 08/11/1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHANY, ROBERT N	
STREET ADDRESS	228 E. MAIN STREET, STE. 300	
CITY-STATE-ZIP	ROCHESTER NY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KORN, GERALD B	
STREET ADDRESS	235 E. MAIN ST.	
CITY-STATE-ZIP	ROCHESTER NY 14604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLEARY, E. GARRETT	
STREET ADDRESS	130 E. MAIN ST.	
CITY-STATE-ZIP	ROCHESTER NY 14604	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TESSONI, MARTHA L.	
STREET ADDRESS	228 E. MAIN STREET, STE. 300	
CITY-STATE-ZIP	ROCHESTER NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald B Korn

4/10/96

Division/Office #

CR2E034 (12/95)