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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002234 (0)

IOWA SARASOTA INVESTMENTS, INC.

Principal Plac	e of Busines	S	Mailing	Mailing Address			
800 SECOND A	AVENUE		•	OND AVENUE			
DES MOINES I				DES MOINES IA 50309-1320			
							3. Date incorporated or Qualified 3s. Date of Last Fleport
							05/03/1996
2. Principal P	Place of Busin	ess	2a. Mail	2a. Mailing Address			4. FEI Number Applied For
21			26				39-1883757 Not Applicable
Sulte, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & Stat	(6		·	City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country			28	<u> </u>			Trust Fund Contribution Added to Fees
Zip	-		Zip		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,
24 25 9. Name and Address of Current			29				Florida Statutes Yes No
^ T			Toll Hogistorou	Agent	8	1 Name	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM						Hame	
1200 SOUTH PINE ISLAND ROAD					8	2 Street A	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324					8	a	
					"	1	
						4 City	85 Zip Code
45 Directors to the provisions of Costions 607 0602 and 607 1609 Elevide Class the state of						l named	FL 60 210 Coulombia this statement for the country of the country
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 register office or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registere							
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature typed	or printed name of registere	Second and title disproble	olde (MA)	A Farataia I	ant signature	required who reinstating) DATE
12.	o.g. maro, types		AND DIRECTOR		13.	Bent pigneruit	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PĎ			DELETE	1.1 TITLE		Change Addition
NAME	THURSTON, STAN G			1.2 NAME		. 1	
STREET ADDRESS 800 SECOND AVENUE				1.3 STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP	AMA MANUSA II			1.4 CITY-S1-ZIP		1	
TITLE	VSD			DELETE	2 1 117LE		Change Addition
NAME		STEPHEN J		2.2 NAME		.	_ ,
STREET ADDRESS				2.3 STREET ADDRESS		T ADDRESS	24,
CITY-ST-ZIP DES MOINES IA				2. 4 City-St-ZiP			
TITLE	VD			DEFETE	3.1 TITLE		Change Addition
NAME	KENNY. E	DWARD R		3.2 NAME		.	
STREET ADDRESS 800 SECOND AVENUE				3.3 STREET ADDRESS		ET ADDRESS	
CITY-ST-ZIP DES MOINES IA				3.4. CITY - ST - ZIP			
TITLE	VD			DELETE	4.1 THILE		Change Addition
NAME	HARRISO	N, MARY J			4. 2 NAM	.	
STREET ADDRESS 413 NE THIRD STREET				4.3 STREET ADDRESS		1 ADDRESS]
CITY-ST-ZIP DELRAY BEACH FL				4.4 CITY - ST - ZIP		1	
TITLE	T			DELETE	5.1 TITLE		Change Addition
NAME NEIS, ARTHUR					5.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS 800 SECOND AVENUE					5.3 STREET ADDRESS		
CITY-ST-ZIP DES MOINES IA				5.4 CITY - ST - ZIP		- 1	
TITLE	- 70.0			DELETE	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS						1 ADDRESS	

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 if manged, or on an attyrement with in address.

Stan G. Thurston

4/24/97

515/245-7650

FILED

Apr 29 1997 8:00am

Secretary of State