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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97522

(9)

FLORIDA STATE REALTY CORPORATION OF SARASOTA, IN

G.					
Principal Place of Business	Mailing Address TA, INC. 7491 BLAINE WAY SARASOTA FL 34231-7802				
TA, INC. 7491 BLAINE WAY SARASOTA FL 34231-7802					
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	26 Suite, Apt. #, etc 27				
221					

FILED Apr 07 1998 8:00am Secretary of State



TA, INC. 7491 BLAINE SARASOTA FI		TA. INC. 7491 BLAINE WAY SARASOTA FL 34231-780	2		DO NOT WRITE IN THIS 3. Date incorporated or Qualified 09/01/1982	S SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	1100 01 20011000	26			59-2246368	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the ci	urrent vear Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
[CAI	RCHIOLO, RICHARD			Name			
	1 BLAINE WAY		1	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	RASOTA FL 33581						
]			1	13			
			<u>.</u>	14 City		85 Zip Code	
				1 ' '	FI	L · ·	
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, typind or prished name of registered a			Agent signature requi	ired when reinstating) DATE	ID DIDECTORS III 40	
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	DDIRECTORS IN 12 Change Addition	
TITLE	PST POUROL O PROLLADO	בן מנניני	1.1 Tril			L Change L Addition	
NAME	CARCHIOLO, RICHARD		1.2 NAN	_			
STREET ADDRESS	7491 BLAINE WAY			ET ADDRESS		4	
CITY-ST-ZIP	SARASOTA FL	DELETE		-ST-ZIP		Change Addition	
TITLE	D APONIO A BIOLIADO	☐ DECENE	2.1 TrTL	1		T CURURE T MORGON	
NAME	CARCHIOLO, RICHARD		2.2 NAN	ı,			
STREET ADDRESS	7491 BLAINE WAY			EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELETE		Y - ST - ZIP		Change Addition	
TITLE		E Detert	317171			Cusude Chynonion	
NAME			3.2 NAM			1	
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	_	/-ST-7IP		Change Addition	
! (FT DETAIL	4.1 T(T)			Change C Mudition	
NAME CZOCCZ ADDOCCC			4.2 NA]	
STREET ADDRESS				ET ADORESS		j	
CITY-ST-ZIP TITLE		DELETE	5.1 THL	- ST - ZIP		Change Addition	
NAME		E DECEN	5.1 INL	1		C. Suguille C. Maggioti	
STREET ADDRESS						İ	
1				ET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITL	-ST-ZIP		Change Addition	
		- Dettit				L. Johange L. J. Addition	
NAME CYNCCY (DODGGG			6.2 NAM	ľ			
STREET ADDRESS				ET ADDRESS		1	
CITY-ST-ZIP			■ 6.4 C(TY	-ST-7IP		i	

14. Thereby 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 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.