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03-08-1999 90108 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97522 1. Corporation Name

FLORIDA STATE REALTY CORPORATION OF SARASOTA, IN

C.					
Principal Place	e of Business	Mailing Address		i indiida iiin ieii iona miin wara war araw	#12() 8(8() 8:8() 8(8)( \$(2() 189)
TA. INC.		TA. INC.			
7491 BLAINE WAY 7491 BLAINE WAY				DO NOT WRITE IN THIS	C CDACE .
SARASOTA FL 34231-7902 SARASOTA FL 34231-7902				SPACE	
				3. Date incorporated or Qualifed 09/01/1982	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2246368	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			· · · · · · · · · · · · · · · · · · ·
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	itangible □Yes □No
24	25	29 3	0	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name	To. Name and Address of New Registered	Agent
CAD	CHIO! O DICHADD		of Name		
CARCHIOLO, RICHARD 7491 BLAINE WAY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SAH	ASOTA FL 33581		83		,
			84 City		85 Zip Code
				FI	<b>-</b> [
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose of	f changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was autoations of Section 607.0505. Florid	nonzeo by the corporal la Statutes.	tion's board of directors. I hereby accept the appo	muneric as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	egistered Agent signature requi		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	4-4
TITLE	PST	☐ DELETE	1.1 TITLE		Change
NAME	Carchiolo, Richard		1.2 NAME		
STREET ADDRESS	7491 BLAINE WAY		1.3 STREET ADDRESS	3224 WOODBERRY LN.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34231-737	3
TITLE	D	☐ DELETÉ	2.1 TITLE		Change
NAME	CARCHIOLO, RICHARD		22 NAME		Taki 🔑 .
STREET ADDRESS	7491 BLAINE WAY		2.3 STREET ADDRESS	3224WOODEELLY LN.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	3224 WOODBERRY LN. 5 ARASOTA, FL 34231-737	8
TITLE	0.11110	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		:
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			4. 2 NAME	•	
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ DELETE	5.1 TITLE 5.2 NAME		
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ Delete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			0.0.141.45		
TWINE.			6.2 NAME 6.3 STREET ADDRESS	:	

6.4 CITY-ST-ZIP 14. I 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 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, with all other like empowered.