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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G07160

Country

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(6)

Mailing Address

Suite, Apt. #, etc.

City & State

EDNA MAE PFLUGNER, P.A.

Principal Piace of Business	Mailing Address	
1638 STICKNEY PT, RD.: #101 SARASOTA FL 34231	1636 STICKNEY PT. RD.: #101 SARASOTA FL 34231-3756	

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FILED Apr 18 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

03/27/1996

Yes 🗌 No

8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

11/01/1982

59-2236074

4. FEI Number

g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
PFLUGNER, GEOFFREY J 2033 MAIN STREET, STE 600 SARASOTA FL 34237		61	Name			
		82	Street	Address (P.O. Box Number is Not Acceptable)		
		"	]	Address (1.0. Dox Horrison is 1101 Addeptition)		
		63				
		84		Last 7th Code		
		54	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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE.	5-grature Typed or printed name of registered agent and title if applicable. (NOTE Register	ed Age	ent signature	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILE	PDS DELETE 1.1	ITLE		Change Addition		
NAME	PFLUGNER, EDNA MAE	1.2 NAME		)		
STREET ADDIRESS	1638 STICKNEY PT. RD 101		ADDRESS			
CiTY - ST - ZIP	SARASOTA FL	1.4 CITY - ST- 2		]		
TITLE	☐ DELETE 2.1	2.1 TITLE		☐ Change ☐ Addition C		
NAME	22 N		'	}		
STREET ADDRESS	ADDRESS 2.3:		T ADDRESS			
CI1Y+S1-2IP			ST-ZIP			
DILE	E DELETE 3.1 T			Change Addition		
NAME 3.21		3.2 NAME				
STREET ADDRESS	STREEL ADDRESS		ADDRESS			
CITY - ST - ZIP		CITY-	ST-ZIP			
TITLE	TITLE DELETE 4.1			☐ Change ☐ Addition		
NAME 4.2		4. 2 NAME				
STREET ADDRESS 433		STREET	ADDRESS			
CITY-ST-ZIP		CITY-S	ST-ZIP			
THTLE	DELETE 5.1	TITLE		Change Addition		
NAME	52	NAME		ļ		
STREET ADDRESS 5.3 S		STREET	ADDRESS			
CITY - ST - ZIF			ST - ZIP			
TITLE	DELETE 6.1 T			Change Addition		
NAME 62 N		6.2 NAME				
STREET ADDRESS 6.3 S		6.3 STREET ADDRESS				
CITY - ST - ZIF			ST-ZIP			
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 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.						

Country

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