

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G07181** (2)

1. Corporation Name
INTERCO SARA TRADE CORP.

Principal Place of Business: **1815 E. LEEWYNN DR. SARASOTA FL 34240**
Mailing Address: **1815 E. LEEWYNN DR. SARASOTA FL 34240**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/04/1982**
3a. Date of Last Report: **04/01/1994**

4. FEI Number: **59-2234414**
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

2. Principal Place of Business
21. **1103 72nd St NW**
22. Suite, Apt. #, etc.
23. **Bradenton FL**
24. **34209** 25. **Manatee**
26. **1103 72nd St NW**
27. Suite, Apt. #, etc.
28. **Bradenton FL**
29. **34209** 30. **Manatee**

8. Name and Address of Current Registered Agent
BAIETTO, EVELYNE
1815 E LEEWYNN DR
SARASOTA FL 34240

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
3804 Esplanade Ct
83.
84. City
Tampa
85. Zip Code
FL 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BAIETTO, EVELYNE
STREET ADDRESS	1815 E LEEWYNN DR 580
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	BAIETTO, BRADFORD
STREET ADDRESS	1815 E LEEWYNN DR
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3804 Esplanade Ct
1.4 CITY-ST-ZIP	Tampa FL 33618
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1103 72nd St NW
2.4 CITY-ST-ZIP	Bradenton FL 34209
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 110.07(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 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.

SIGNATURE: *Bradford A. Baetto* *S/1/1994* *6/5/92 7/22/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR