

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

FILED

97 FEB -7 PH 2: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G40266**

(0)

1. Corporation Name

P.I.A. SARASOTA PALMS, INC.



Principal Place of Business

**1650 SO. OSPREY AVE.
SARASOTA FL 34239**

Mailing Address

**2700 COLORADO AVENUE
SANTA MONICA CA 90404-3521**

2. Principal Place of Business

21 3820 State Street

Suite, Apt. #, etc.

**22 City & State
Santa Barbara, CA**

24 Zip 93105

25 Country USA

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

27 3820 State Street

**28 City & State
Santa Barbara, CA**

29 Zip 93105

30 Country USA

3. Date Incorporated or Qualified

05/20/1983

3a. Date of Last Report

02/19/1996

4. FEI Number

52-1295729

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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, hereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**3820 State Street
Santa Barbara, CA 93105
-02/07/97--01077--025
****165.00 ****165.00**

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BROWN, SCOTT M
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE VPS ☒ DELETE
NAME SULZBACH, CHRISTI R
STREET ADDRESS 2700 COLORADO AVE.
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE VPS ☒ DELETE
NAME LAYNE, DAVID W
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE AT ☒ DELETE
NAME HIXON, LAWRENCE G
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE T ☐ DELETE
NAME MCMULLEN, TERENCE P
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☒ Change ☐ Addition
3820 State Street
Santa Barbara, CA 93105

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/S ☐ Change ☒ Addition
Richard B. Silver
3820 State Street
Santa Barbara, CA 93105

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

AS ☐ Change ☒ Addition
Alan Lundgren
3820 State Street
Santa Barbara, CA 93105

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VP/T ☒ Change ☐ Addition
3820 State Street
Santa Barbara, CA 93105

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Alan Lundgren, Asst. Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97
Date

805/563-7075
Daytime Phone #

CR2E034 (9/96)