

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G92950** (6)
1. Corporation Name
SECRETARIAL SERVICES OF SARASOTA, INC.

Principal Place of Business Mailing Address
240 N. WASHINGTON BLVD. #306 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1984	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2397964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent DEWALD, LINDA J. 2881 BAY STREET SARASOTA FL 34237	10. Name and Address of New Registered Agent 81 Name Linda J. Dewald 82 Street Address (P.O. Box Number is Not Acceptable) 2639 Leafy Lane 83 84 City Sarasota FL 85 Zip Code 34231
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 Linda J. Dewald DATE 4-14-95
Signatures of registered agent or principal officer and their officers (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	NAME DEWALD, LINDA J.	11 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2881 BAY STREET	CITY ST ZIP SARASOTA FL	12 NAME DEWALD, LINDA J.	
		13 STREET ADDRESS 2639 Leafy Lane	
		14 CITY ST ZIP Sarasota FL 34231	
TITLE DVS	NAME DEWALD, LINDA J	21 TITLE DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5203 VENTURA AVENUE	CITY ST ZIP SARASOTA FL	22 NAME BAKER, MARY E.	
		23 STREET ADDRESS 5203 Venture Avenue	
		24 CITY ST ZIP Sarasota FL 34235	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	62 NAME	
		63 STREET ADDRESS	
		64 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 119.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Linda J. Dewald DATE: 4-14-95 813-3660036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR