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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

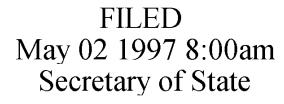
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H09456

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NELSON ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 5461 TROPICAIRE BLVD NORTH PORT FL 34287-4725 NORTH PORT FL 34288-4725											
						3. Date Incorporated 06/25/1984	or Qualified		of Last F	Report	
Principal f	Place of Business	2a. Mailing Add	dress			4. FEI Number		1 00/00		pplied For	
·	a paragraphic and the control of the	26				59-2413901	· · · · · · · · · · · · · · · · · · ·			ot Applicabl	
Suite Ap:	t. # etc	Suite, Apt.	#, etc.			5. Certificate of State	us Desired			Additional equired	
City & Stn	nto	City & State	Э			6. Election Campaign Trust Fund Contrib			\$5.00	May Be to Fees	
Zip	Country	Zip		Count	ry	8. This corporation h		intangible ta			
	25	29		30		Florida Statutes		Yes 🗌			
	9. Name and Address of Co	urrent Hegistered Agent		8	1 Name	10. Name and Addre	88 OT NOW HO	gistered A	ent		
	SON, JAMES G.						······································				
	1 Tropicaire BLVD RTH Port FL 34287			6:	2 Street A	Address (P.O. Box Number is	Not Acceptab	ile)			
1401	MILL OUT & C 04501			8	3	, 1181 1181 1181 1181 1181 1181 1181 11		· · · · · · · · · · · · · · · · · · ·			
				8	4 City	<u></u>			85 Zip	Code	
								FL			
						corporation submits this state poration's board of directors.		DATE			
SNATURE	Signature Typed or ported name of register	red agent and title if applicable. S AND DIRECTORS			gent signature	required when reinstating) ADDITIONS/CHANC		DATE ERS AND D			
SNATURE	Signature typed or punted name of register OFFICERS	red agent and title if applicable. S AND DIRECTORS	(NOT	E: Registered A	gent signature	required when reinstalling)		DATE ERS AND D	DIRECTOR	RS IN 12	
NATURE	Signature: speed or punted name of register OFFICERS P NELSON, JAMES G. 5461 TROPICAIRE BLVD	red agent and title if applicable. S AND DIRECTORS	(NOT	E Registered A 13. 1.1 TITLE	gent signature	required when reinstalling)		DATE ERS AND D	DIRECTOR	RS IN 12	
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the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with any address.