## 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

DOCUMENT # H59629

(6)

PROCTOR ASSOCIATES OF SARASOTA, INC.

| FILED              |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| Jan 28 1997 8:00am |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |



| Principal Place of Business Mailing Address |  |                       |                         |                       |                    | L INDRADII OLEH BURKO TORKO DIRIKE FRANK KOLI OTOKA DIRUK OLOH SIKOL OLOH GIRAK DIRUK DIRU |               |              |  |  |
|---|--|-----------------------|-------------------------|-----------------------|--------------------|--|---------------|--------------|--|--|
| •   | NG BOULEVARD   |                       | 1515 RINGLING BOULEVARD |                       |                    |  |               |              |  |  |
| SARASOTA FL 34236<br>US                     |  |                       | SARASOTA FL 34236-6769  |                       |                    | 3. Date incorporated or Qualified  |               |              |  |  |
|   | l Place of Business  | 2a. Mailing Ac        | 2a. Mailing Address     |                       |                    | 4. FEI Number  |               |              | plied For                              |  |
| 21  | at # ato   | 26 Cuito Act          | <u></u>                 |                       |                    | eo 75 Addis.   |               |              | t Applicable                           |  |
| Suite. Ap                                   | DL #, BIC.   | 27 Suite: Apt.        | Suite. Apt. #, etc.     |                       |                    | 5. Certificate of Status Desired   | □ <b>&gt;</b> | Fee Required |  |  |
| City & St                                   | lale   | <u></u>               | City & State            |                       |                    | B. Election Campaign Financing     Trust Fund Contribution     Added to Fees  Added to Fees  |               |              |  |  |
| Zip   | Country  | Zip                   |                         | Country               | ,                  | 8. This corporation has liability for i  |               |              |  |  |
| 24  | 25   | 29                    | 30                      |                       | <del></del>        |  | Yes N         | <del>-</del> |  |  |
|   | 9. Name and Address of Cu                                  | rrent Registered Agen | <u></u>                 | 81                    | T-::               | 10. Name and Address of New Re   | istered Age   | <u>nt</u>    |  |  |
| Keyser, Stephen B.                          |  |                       |                         |                       | Name               |  |               |              |  |  |
| 1515 RINGLING BOULEVARD                     |  |                       |                         | 82                    | Street Add         | lress (P.O. Box Number is Not Acceptab   | lø)           |              |  |  |
| Tenth Floor<br>Sarasota Fl 34236            |  |                       |                         | 83                    |                    |  |               |              | ······································ |  |
|   |  |                       |                         | 84                    | City               |  | E 8!          | 5 Zip i      | Code                                   |  |
|   |  |                       |                         |                       | <u> </u>           | poration submits this statement for the pation's board of directors. I hereby accept   | FL "          |              |  |  |
| SIGNATURI                                   | Signature Typical or printed name of registero<br>OFFICERS | AND DIRECTORS         |                         | 13.                   | ent signature requ | ired when reinstating) ADDITIONS/CHANGES TO OFFIC  |               |              |  |  |
| TITLE<br>Name                               | PD<br>Keyser, Stephen B                                    | ں                     | DELETE                  | 1.1 TITLE<br>1.2 NAME |                    |  | L             | Change       | Addition                               |  |
| STREET ADDRES                               | 4-4- 00100111110 0110 40                                   | FLOOR                 |                         |                       | T ADORESS          |  |               |              |  |  |
| CITY-ST-ZIP                                 | SARASOTA FL 34236  |                       |                         | 1.4 CITY-             |                    |  |               |              |  |  |
| TITLE                                       | DST  |                       | DELETE                  | 2.1 TITLE             |                    |  |               | Change       | Addition                               |  |
| NAME  | BARON, DAVID J   |                       |                         | 2.2 NAME              | į                  |  |               |              |  |  |
| STREET ADDRES                               | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                   | H FLOOR               |                         | 23 STREE              | ADDRESS            |  |               |              |  |  |
| CITY-ST-7/P                                 | SARASOTA FL 34236  |                       | DELETE                  | 2 4 CITY-             | ST-ZIP             |  |               | Change       | Addition                               |  |
| TITLE<br>NAME                               | VPD<br>SKIPPER, J. RONALD                                  |                       | DELETE                  | 3.1 TITLE<br>3.2 NAME |                    |  | ب             | Снинйя       | ווטיויטטא נ                            |  |
| STREET ADDRES                               |  | H FLOOR               |                         |                       | T ADDRESS          |  |               |              |  |  |
| CITY-ST-ZIP                                 | SARASOTA FL 34236  |                       |                         | 3.4. CITY -           |                    |  |               |              |  |  |
| TITLE                                       |  |                       | DELETE                  | 4.1 TITLE             |                    |  |               | Change       | Addition                               |  |
| NAME  |  |                       |                         | 4. 2 NAME             | ļ                  |  |               |              |  |  |
| STREET ADDRES                               | 55   |                       |                         | 4.3 STREE             | T ADDRESS          |  |               |              |  |  |
| CHY-ST-7IP                                  |  |                       | DELETE                  | 4.4 CITY-             | ST-ZIP             |  |               | Change       | Addition                               |  |
| TITLE<br>NAME                               |  | ليا                   | DELETE                  | 5.1 TITLE<br>5.2 NAME |                    |  | ∟             | Grange       | C AUGRION                              |  |
| STREET ADDRES                               | 55   |                       | 1                       |                       | T ADDRESS          |  |               |              |  |  |
| CITY-SI-ZIP                                 |  |                       |                         | 5.4 CITY-             |                    |  |               |              |  |  |
| TITLE                                       |  |                       | DELETE                  | 6.1 TITLE             | ·                  | <del></del>  |               | Change       | Addition                               |  |
| NAME  | ļ  |                       |                         | 6.2 NAME              |                    |  |               |              |  |  |
| STREET ADDRES                               | SS   |                       |                         | 6.3 STREE             | T ADDRESS          |  |               |              |  |  |
| CITY - ST - ZIP                             |  |                       |                         | 6.4 CITY-             | 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.

SIGNATURE