

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 7:09

DOCUMENT # H66221

(3)

1. Corporation Name

SARASOTA, FL. L.T., INC.

Principal Place of Business

**6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015**

Mailing Address

**6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1985

3a. Date of Last Report

03/22/1994

4. FEI Number

22-2857665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. I hereby accept 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 consolidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AXELROD, NORMAN
STREET ADDRESS	6 BRIGHTON RD.
CITY - ST - ZIP	CLIFTON NJ
TITLE	S
NAME	DICK, DAVID
STREET ADDRESS	6 BRIGHTON RD.
CITY - ST - ZIP	CLIFTON NJ
TITLE	V
NAME	GILES, WILLIAM
STREET ADDRESS	6 BRIGHTON RD.
CITY - ST - ZIP	CLIFTON NJ
TITLE	D
NAME	BRENNAN, MICHAEL
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	RICHARDS, ARTHUR V.
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	SHAHID, QURAESHI
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(3)(k), Florida Statutes. I further certify that the information contained 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

David Dick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DICK

3-29-95

2017781300

Date

Daytime Phone