## 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** 

Mar 04 1997 8:00am

Secretary of State

DOCUMENT # H76192

(4)

FLORASOTA, INC.

SIGNATURE:

								<u> </u>		
Principal Place of Business Mailing Address						- I HOURT EINT TORTO DING THE BRIEF DING THE STEEL DING THE STEEL BIRTH				
1858 RINGLING P.O.BOX 49348 SARASOTA FL		P.O.BOX 4934	1858 RINGLING BLVD. P.O.BOX 49348 SARASOTA FL 34238-5917						•	
							3. Date incorporated or Qualified 09/16/1985	3a. Date of Last Report 04/04/1996		
	ace of Business	2a. Mading A	2a. Mading Address				4. FEI Number		<del></del>	plied For
21		26					59-2764782		<del></del>	t Applicable
Suite, Apt. 1 22	·	27					5. Certificate of Status Desired Fee Required			
City & State	2	}	City & State				6. Election Campaign Financing			May Be
<b>23</b> ] Zip	Country	28 Zir)	Zip Country							
24	25	29	····າ		- Juliu y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Section No.			
24	9. Name and Address of Cur		nt	1901			10. Name and Address of New Re			
GEBI	HARD, H. DIETER				81	Name		<u> </u>		
	RINGLING BLVD.			}	82	Street Addre	ess (P.O. Box Number is Not Acceptal	ala)		
	ISOTA FL 34236					Strage Langue	ess (F.O. Box Northber to that neceptor	л <del>е</del> ј		
=::	**************************************			Ţ	63					
				ŀ	84	City		FL <sup>65</sup>	Zip C	Dode
11. Pursuant t	to the provisions of Sections 607.0	1502 and 607,1508. F	Iorida Statu	ites, the ab	nove	-named corp	oration submits this statement for the		L naina itr	s repistered
office or re	egistered agent, or both, in the St in familiar with, and accept the ob-	ate of Florida. Such c	change was	authorized	ri bv	the corporati	on's board of directors. I hereby acce	ot the appointm	ient as	registered
J	1 (dthiilar wiiri, ини ассерсносос	лідаціль од оссіют с	307.0000, 11	Oliva Dian	Utos.					-
SIGNATURE	Sognature, typica or proved name of registered	l agent and title it applicable.	(NO)	Tt.: Registered	d Ager	nt signature require	ed when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	ECTOR	S IN 12
Title	PD		DELETE	1.1 TIT	/LE				Change	Addition
NAME	GEBHARD, LINDA			1.2 NA	ME					
STREET ADDRESS	1774 SOUTH DRIVE			1,3 \$78	REET	ADDRESS				-
CITY-51-ZIP	SARASOTA FL			1.4 CIT		I - ZIP				
TITLE	STD	L	_] DELETE	2.1 111				L., (	Change	Addition
NAME	GEBHARD, DIETER			2.2 NA				4.		1
STREET ADDRESS	1858 RINGLING BLVD.				-	ADDRESS				!
CITY - ST - 7IP	SARASOTA FL		DELETE	2. 4 CI		T-ZIP		······································	Change	Addition
TITLE		_	ן טנינונ	3.1 111				L (	Manyo	L Adminor [
NAME OTRACE ADDRESSES				3.2 NA		- hanson				
STREET ADDRESS						ADDRESS				
DITY - ST - ZIP TITLE			DELETE	3.4. CF		1-219		П	Change	Addition
NAME			J	4 2 NA				-	riimirg.	
STREET ADORESS						ADDRESS				]
CHTY-ST-ZIP				4.4 CIT						
Tiffe (			DELETE	5.1 T(T		1 · Zir			Change	Addition
NAME			_	5.2 NA					•	
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				5.4 CIT		1				
TITLE		L	DELETE	6.1 TIT					Change	Addition
NAME				6.2 NA	<b>IME</b>					Į
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY - S1 - ZIP				64 CI						
14. I do herel	by certify that the information supply inchested on this armual report.	alied with this filing do	oes not qua	lify for the	exer	mption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same leg	s. I further cert	ify that	the
Lam an of		n or thé receiver or tru	ustee empor	wered to e			t as required by Chapter 607, Florida			

NTED NAME OF SIGNING OFFICER OR DIRECTOR