

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H98445** (0)

1. Corporation Name

SARASOTA SUN COAST REAL ESTATE, INC.



Principal Place of Business 1515 RINGING BOULEVARD STE 1000 SARASOTA FL 34236 US	Mailing Address 1515 RINGLING BOULEVARD STE 1000 SARASOTA FL 34236-6719 US
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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
	Country 30

3. Date Incorporated or Qualified 02/10/1986	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2675237	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SHAW, ANDREW 1515 RINGING BOULEVARD STE 1000 SARASOTA FL 34236	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
(Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BARON, DAVID J.
STREET ADDRESS	1515 RINGING BLVD STE 1000
CITY - ST - ZIP	SARASOTA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FERGESON, JAMES O. JR.
STREET ADDRESS	1515 RINGLING BLVD. STE 1000
CITY - ST - ZIP	SARASOTA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	KEYSER, STEPHEN B.
STREET ADDRESS	1515 RINGLING BLVD STW 1000
CITY - ST - ZIP	SARASOTA FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	SHAW, ANDREW
STREET ADDRESS	1515 RINGLING BLVD STE 1000
CITY - ST - ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SKIPPER, J. RONALD
STREET ADDRESS	1515 RINGLING BLVD STE 1000
CITY - ST - ZIP	SARASOTA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	TIRABASSI, E. RALPH
STREET ADDRESS	1515 RINGLING BLVD STE 1000
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of 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 fees.

SIGNATURE:  **ANDREW SHAW**
VICE PRESIDENT
4-16-97 941 957 1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)