**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # J15210

TRANSCRIPTION SOUTH OF FLORIDA, INC.

Principal Place of Business	Mailing Address	
2114 BISPHAM ROAD	2114 BISPHAM ROAD	
SARASOTA FL 34231	SARASOTA FL 34231	

## **FILED** Mar 22, 1999 8:00 am Secretary of State

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SARASOTA FL	34231	2114 BISPHAM RO	DAD									
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								NOT WRITE	IN THIS S	PACE	<del>_</del>	
							late Incorporated of	r Qualifed				
							5/16/1986					
2. Principal F	Place of Business	2a. Mailing Addre	ess			'- '	El Number			<u> </u>	Applied	
21		26				5	<u>9-2698550                                   </u>				Not App	
Suite, Apt.	, #, etc.	Suite, Apt. #,	etc.			5. C	ertifcate of Status I	Desired [		•	75 Additio	
22	<u> </u>	27									e Required	
City & Sta	te	City & State					lection Campaign F	<b>9</b> 1			00 May I	
23		28					rust Fund Contribu				ded to Fee	15
Zip —¬	. Country	Zip		Country			his corporation owe			ngible 🏻 Yes	□No	
24	25		30				ersonal Property T					<u>-</u>
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. N	lame and Address	or New Reg	ISTERED A	gent		
LIDO	CIOLA, JOHN A			"	Name							
,	4 BISPHAM ROAD			82	Street A	Address (P.O	). Box Number is N	ot Acceptable	2)			
	ASOTA FL 34231											
SAR	M301A FL 34231			83								
				84	City					85	Zip Code	
1				- [ ]	-				FL	1		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florid	da Statutes, the	e above	-named o	corporation s	submits this statement of directors. I have	ent for the pu	rpose of c	hangin	g its regist	tered
agent. La	am familiar with, and accept the obliga	ations of, Section 607.0	)505, Florida Si	tatutes.		ialion's boar	d of directors. The	ieby accept ii	к арронн		a regional	-
SIGNATURE							· · · · · · · · · · · · · · · · · · ·					
	Signature, typed or printed name of registered age				t signature rec	quired when reins	stating) DDITIONS/CHANGI	ES TO OFFIC	DATE	NIBE	CTOPS II	1 12
12.	<del></del>	ND DIRECTORS		13.			DITIONS/CHANGI	ES TO OFFIC	EKS AND	Cha		Addition
TITLE	DP	i or	1.1	1 TTLE						C 4	.ac 🗀	/ 10a-11011
NAME	URCIOLA, JOHN A.											
STREET ADORESS				2 NAME								
SINEE I ALLUNESS	I .		1.3	3 STREET	ADORESS							
CITY-ST-ZIP	SARASOTA FL		1.3	3 STREET 4 CITY-ST								Addition
	SARASOTA FL VP	□ DE	1.3 1,4 ELETE 2.1	3 STREET 4 CITY-ST 1 TITLE						☐ Cha	nge 🔲	Addition
CITY-ST-ZIP	SARASOTA FL VP FOGLEBERG, ELEANOR	□ DE	1.3 1,4 ELETE 2.1	3 STREET 4 CITY-ST						☐ Cha	nge 🔲	Addition
CITY-ST-ZIP ππ.ε	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8	□ D£	1.3 1.4 ELETE 2.1	3 STREET 4 CITY-ST 1 TITLE 2 NAME					197-	☐ Cha	nge 🔲	Addition
CITY-ST-ZIP ΠΠLE NAME	SARASOTA FL VP FOGLEBERG, ELEANOR		1.3 1.4 2.5 2.5 2.5 2.5 2.5	3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	-ZIP ADDRESS							
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8		1.3 1.4 2.1 2.2 2.3 2.3	3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET	-ZIP ADDRESS							Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8 SARASOTA FL		1.3 1.4 1.4 2.1 2.2 2.3 2.2 2.2 2.2 3.3 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4	3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	-ZIP ADDRESS							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8 SARASOTA FL		1.3 1.4 2.1 2.2 2.3 2.2 2.1 2.1 2.1 3.3 3.3	3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS T. ZIP					Cha	nge 🗍	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8 SARASOTA FL	□ DE	1.3 1.4 1.4 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6	3 STREET 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME	ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS -ZIP					□ Cha	nge 🗍	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL VP FOGLEBERG, ELEANOR 2114 BISPHAM RD, SUITE 8 SARASOTA FL	☐ DE	1.3 1.4 1.4 1.5 1.6 1.5 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6	3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS -ZIP					☐ Cha	nge 🔲	Addition Addition
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fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an unstee employeered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changes of the supplied to the supplied of the supplied in the supplied of the supplied o

SIGNATURE: