## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # J4621 SOR INVESTMENTS OF SA	` '						
Principal Place of Business  1266 1ST ST SUITE 10 SARASOTA FL 34236		Mailing Address  1266 1ST ST SUITE 10		14501110 DIII GIBIB BHHD 14501 IIU	<b>)</b>	DA BIBIL BIBILI	E1841 07 <b>4</b> 17 1001	
SAHASOTA	FL 34236	SARASOTA FL 34236			3. Date incorporated or Qualified 01/01/1987		of Last Re	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2750490		<b>———</b>	opplied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City'& State	(2)	City & State			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip <b>24</b> ]	Country 25	7 <sub>i</sub> p	Countr 30	у	_	No		199.032,
	<ol><li>Name and Address of Current</li></ol>	ent Registered Agent			10. Name and Address of New I	Registered	Agent	
HOOP ROSALIND L 107 S WARBLER LN SARASOTA FL 34236			8:	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
			8.	4 City		FL	85 Zip	Code
11. Pursuant or register familiar w	Styrial Quefi or profed name of registered ag	ent and little a gratical Winds.		-named corpo poration's boa ont signature require	ration submits this statement for the purific of directors. I hereby accept the applications and the statement of the stateme	prose of characteristics of char	anging its re registered /5/9	egistered office agent. I am
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	
Tritf	D	DELETE	1. 1 TITL		•	ī	Change	Addition
NAMÉ	HOPP, ROSALIND L		1.2 NAM					
STREET ADDRESS	107 S WARBLER LANE		1.3 STRE	ET ADDRESS				
CITY ST-ZIF	SARASOTA FL 1.4(		1.4 CITY	-ST - 71P				
TITLE		DELETE 21					Change	Addition
NAME			2 2 NAM					
STHEFT ADDRESS			2 3 STRE	ET ADDRESS				
CITY-S1-ZIP			2.4 C(TY					
TIBLE		☐ DELETE	3 1 THTL				Change	☐ Addition
NAME			3.2 NAM					
STREET ADDRESS			33 STA	ET ADDRESS				•
CHY-ST-ZIF	<u> </u>	P. Dr. Die	3.4 CITY					- <del> </del>
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NAME			4.2 NAM					
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STREET ADDRESS				ET ADDRESS				
CH1Y - S1 - ZIF	1		5 4 CITY	-ST-ZIP				

64 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 indicated on this tinnual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 mrade ess.

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

SIGNATURE: X

me

NAM:

STREET ADDRESS

DELETE

941-365-6156 Daytime Phone #

Change

Addition