

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:00**

**DOCUMENT # J64813 (5)**

1. Corporation Name

**22ND AVENUE ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

2106 BISPHAM RD.  
SUITE B  
SARASOTA FL 34231  
US

% JOHN PATTERSON  
46 NORTH WASHINGTON BOULEVARD #1  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1987</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2797628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN  
46 NORTH WASHINGTON BOULEVARD #1  
SARASOTA FL 33577

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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, Title or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required after 10/28/93)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RICHARD	2. NAME	
STREET ADDRESS	2106 BISPHAM ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	4. CITY, ST, ZIP	
TITLE	VDP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, GERALD L.	2.2 NAME	
STREET ADDRESS	2106 BISPHAM ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	2.4 CITY, ST, ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, MARGARET	3.2 NAME	
STREET ADDRESS	2106 BISPHAM ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 under Section 110 (7)(2)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

**SIGNATURE:**   
PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR