

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J64813** (5)

1. Corporation Name  
**22ND AVENUE ASSOCIATES, INC.**



Principal Place of Business

**2106 BISPHAM RD.  
SUITE B  
SARASOTA FL 34231  
US**

Mailing Address

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

2. Principal Place of Business  
21 **316 N. CASEY KEY ROAD**  
22 Suite, Apt. #, etc.  
23 **OSPREY FL**  
24 **34229** 25 Country

2a. Mailing Address  
26  
27  
28  
29 30

3. Date Incorporated or Qualified **03/24/1987** 3a. Date of Last Report **03/28/1995**  
4. FEI Number **59-2797628** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. Trust Fund Contribution   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

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 **FL**

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 of the person who is the registered agent of the corporation

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	BENNETT, RICHARD	STREET ADDRESS	2106 BISPHAM ROAD	CITY-ST-ZIP	SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE	VDP	NAME	PENNINGTON, GERALD L.	STREET ADDRESS	2106 BISPHAM ROAD	CITY-ST-ZIP	SARASOTA FL	<input type="checkbox"/> DELETE
TITLE	DVP	NAME	PENNINGTON, MARGARET	STREET ADDRESS	2106 BISPHAM ROAD	CITY-ST-ZIP	SARASOTA FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<b>D,VP,S PENNINGTON, GERALD</b>
17 STREET ADDRESS	<b>316 N. CASEY KEY ROAD</b>
18 CITY-ST-ZIP	<b>OSPREY FL 34229</b>
19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	<b>D,P,T PENNINGTON, MARGARET</b>
21 STREET ADDRESS	<b>316 N. CASEY KEY ROAD</b>
22 CITY-ST-ZIP	<b>OSPREY FL 34229</b>
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information indicated on this filing and 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 trustee 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 of this filing or on an annual report.

SIGNATURE: *M. Pennington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARGARET PENNINGTON, President**

1-18-96 (941) 966-~~9999~~ 4984

CR2E034 (12/95)