

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:31

DOCUMENT # **J82371** (2)

1. Corporation Name
SARASOTA SYSTEMS GROUP, INC.

Principal Place of Business	Mailing Address
% WILLIAM R. KING 2422 JUNIPER PL SARASOTA FL 34239	% WILLIAM R. KING 2422 JUNIPER PL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/10/1987	3a. Date of Last Report 01/20/1994
4. FEI Number 65-0046219	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21	26
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
KING, WILLIAM R. 2422 JUNIPER PL SARASOTA FL 34239	B1 Name
	B2 Street Address (P.O. Box Number Is Not Acceptable)
	B3
	B4 City FL B5 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 title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, WILLIAM R.	1.2 NAME	
STREET ADDRESS	2422 JUNIPER PLACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	1.4 CITY- ST- ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, KATHRYN H.	2.2 NAME	
STREET ADDRESS	2422 JUNIPER PLACE	2.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		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 stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated 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 changed, or on an attachment with an address.

SIGNATURE: *Kathryn King* **KATHRYN KING** **JAN 17, 1995 (11)** 955-6932
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR