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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Stat∈ DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT # ASSOCIATED INVESTORS OF SARASOTA, INC.



Principal Place of Business Mailing Address SAMUEL S AIDLIN SAMUEL S AIDLIN											
6012 31ST ST E.			6012 31ST ST E.	•							
BRADENTON FL 34203			BRADENTON FL 34203				3. Date Incorporated or Qualified 01/15/1988	3a. Date 0	te of Last Report 05/01/1995		
2. Principal Plac	e of Business	2a	Mailing Address				4. FEI Number				ed For
21	e or Edomicoo	26	s]				65-0057891 Not Applic				
Suite, Apt. #, etc.		27	Suite, Apt. #. etc.	nt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Require				
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			.00 M	,
23 Ζιρ	Country	[20]	Zψ	Соц	intry		8. This corporation has liability for	intangible ta	ix unde	ers 199	9.032,
24	25	29		30			Florida Statutes Yes No				
	9. Name and Address of Cur	rent Regi	stered Agent		Ī,	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New I	Registered	Agent		
					81	Name					
AIDLIN, SAMUEL S. 6012 31ST ST E.				82	Street Addr	dress (P.O. Box Number is Not Acceptable)					
	TON FL 34203				83	-			-		
5,7 52.1					84	City			85	Zip C	ode
					!	1 '	ration submits this statement for the pured of directors. Thereby accept the app	FL	. !		
12.	Signature, type compressoration of registere. I OFFICERS	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OF		D DIRE		IN 12 Addition
TITLE	PST		☐ DELETE	1 1	TITLE				una	nge [Augmon
NAME	AIDLIN, SAMUEL S.				VAME	1					
STREET ADDRESS	6012 31ST ST E. BRADENTON FL					F ADDRESS STEP					
CITY-ST-ZIP	D		["] DELETE		THUE				Cha	ınge	Addit-on
TITLE NAME	AIDLIN, SAMUEL S.			221	NAME						
STREET ADDRESS	6012 31ST ST E.			23	STHEE	H ADDRESS					
CITY-ST 712	BRADENTON FL					ST-ZIP			Cha	ange	Addition
1iILE			DEFELTE	l l	THE				L 011	ang.	
NAME					NAME	FT ADDRESS					
STREET ADDRESS						-S1-712					
CITY-ST-ZIP TITLE			DELETE		TII, f				Ch.	ange	Addition
NAME				4.2	NAME	:					
STREET ADDRESS				4.3	SIKE	E1 ADDRESS					
CITY - ST - ZIP			ED DELETE			S1 - 7 P			[] Ch	ange	Addition
TITLE			☐ DELETE		n TOUT NAME	1			_	•	
NAME						ET ADDRESS					
STREET AUDRESS						\$1-719					
CITY-ST ZIP			DELETE		1 THE				☐ Cr	nange	Addition
NAME				6.2	NAM	ië					
STREET ADDRESS				63	STRE	EFF ADDRESS					
CiTy E1 7i0				6.4	CHY	- ST-7IP					

14. If 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 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 objects 2 or on an attachment with an address.

SIGNATURE:

TOPOLOG PRINTED NAME OF SIGNING OFFICER OR DIRECTOR