

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K53119 (9)
 1. Corporation Name
SARABAY CENTER, INC.



Principal Place of Business: **310 PEARL AVENUE SARASOTA FL 34243**
 Mailing Address: **310 PEARL AVENUE SARASOTA FL 34243-1521**

3. Date Incorporated or Qualified: **12/06/1988**
 3a. Date of Last Report: **04/17/1996**
 4. FEI Number: **65-0084218**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Sub. to, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent: **BODDEN, REBECCA S 220 PEARL AVE SARASOTA FL 34243**
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	EMRICK, BERT R	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: EMRICK, BERT R	310 PEARL AVENUE	12 NAME:	
STREET ADDRESS: 310 PEARL AVENUE	SARASOTA FL	13 STREET ADDRESS:	
CITY, ST, ZIP: V		14 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	EMRICK, JULIE	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: EMRICK, JULIE	310 PEARL AVENUE	22 NAME:	
STREET ADDRESS: 310 PEARL AVENUE	SARASOTA FL	23 STREET ADDRESS:	
CITY, ST, ZIP: T		24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	BODDEN, JOHN A	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BODDEN, JOHN A	220 PEARL AVE	32 NAME:	
STREET ADDRESS: 220 PEARL AVE	SARASOTA FL	33 STREET ADDRESS:	
CITY, ST, ZIP: S		34 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	BODDEN, REBECCA S	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BODDEN, REBECCA S	220 PEARL AVE	42 NAME:	
STREET ADDRESS: 220 PEARL AVE	SARASOTA FL	43 STREET ADDRESS:	
CITY, ST, ZIP: <input type="checkbox"/> DELETE		44 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY, ST, ZIP:		54 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY, ST, ZIP:		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JOHN A. BODDEN TRUST. 3/14/97 941 359 2299**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)