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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation TCFR,	Name	08 (6)					
Principal Place of Business % STEPHEN F. ELLIS 1800 SECOND STREET SUITE 806 SARASOTA FL 34236 US			% STEPHEN F. ELLIS 1800 SECOND STREET SUITE 806 SARASOTA FL 34236		3. Date incorporated or Qualified 05/01/1989	3a. Date of Last F 05/01/15	Report
2. Principal Pla	nce of Business	2a. Mailing Address			4, FEI Number		Applied For
21	26				65-0148832		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	T	5 Additional Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	00 May Be
23	28				Trust Fund Contribution Added to Fees		
<i>Ζ</i> φ	Country 25	Ζιρ [29]	Zip Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
24	9. Name and Address of Curr		30		10. Name and Address of New F		
		4.000	8	1 Name			
ELLIS, STEPHEN F. 1800 2ND ST.			8	2 Street Add	dress (P.O. Box Number is Not Acceptat	nle)	
SUITE 8		8	3	- L 11 - F - 12 - 12 - 12 - 12 - 12 - 12 -			
SARASOTA FL 34236			[4 City		85	Zip Gode
					oration submits this statement for the pulard of directors. Thereby accept the app	FL ~	interest all oc
SIGNATURE .		AND DIRECTORS	13.		and what is related. ADDITIONS/CHANGES TO OFF		
TITLE	D CTC/CNC BICHARD	☐ DEFELE	1 1 1 1 1 1			☐ Change	Add tion
NAME STREET ADDRESS	STEVENS, RICHARD 7610 SANDERLING RD		1.2 NAM 1.3 STRI	FLADDRÉSS			
CITY - ST - ZIP	SARASOTA FL			- ST - Z IF			
TITLE	D	DELETE	2 1] [[F		☐ Change	: Addition
NAME	STEVENS, LYNNE		2.2 NAM				
STREET ADDRESS	7610 SANDERLING RD SARASOTA FL			ELI ADDRESS			
CITY - ST - ZIP TITLE	JANUA IN IL	DELETE	3 1 100	-SI-ZIP .£		Change	Addition
NAME			3 2 NAM	rE .		·	
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STREET ADDRESS COLY-ST-Z/P				f - \$1 - ZIP			
P111 - O1 - T11						Chang	e 🔲 Addition
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		☐ DELETE					
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THE NAME STREET ADDRESS CITY-ST-ZIP THE			5 1 111 5 2 NAN 5 3 STH 5 4 CH 6 1 T T 6 2 NAN 6 3 STR	ZELLADORESS YESTEZIF LE			

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 divertor of the conversition of 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, oxon what attachment with an address

SIGNATURE:

MALA BURNE OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MMY6

941)349-27