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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L66542 (6)

1. Corporation Name
MELODY OF SARASOTA, INC.



Principal Place of Business
555 OSPREY AVE. SOUTH
SARASOTA FL 34236

Mailing Address
555 OSPREY AVE. SOUTH
SARASOTA FL 34236-7524

3. Date Incorporated or Qualified 04/17/1990	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0186324	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent GUTHRIE, MELODY 543 OSPREY AVE. SOUTH SARASOTA FL 34236	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
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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 GUTHRIE, MELODY 543 OSPREY AVE. SO. SARASOTA FL 34236	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY	1.2 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236	1.4 CITY - ST - ZIP	
TITLE	S GUTHRIE, MELODY 543 OSPREY AVE. SO. SARASOTA FL 34236	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY	2.2 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236	2.4 CITY - ST - ZIP	
TITLE	T GUTHRIE, MELODY 543 OSPREY AVE. SO. SARASOTA FL 34236	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTHRIE, MELODY	3.2 NAME	T SORTORE, SHIRLEY
STREET ADDRESS	543 OSPREY AVE. SO.	3.3 STREET ADDRESS	713 MYRTLE AVE
CITY - ST - ZIP	SARASOTA FL 34236	3.4 CITY - ST - ZIP	KEVIE, FL 34292
TITLE	D GUTHRIE, MELODY 543 OSPREY AVE. SO. SARASOTA FL 34236	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY	4.2 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Melody Guthrie* 1/9/97 941-9321010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)