

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



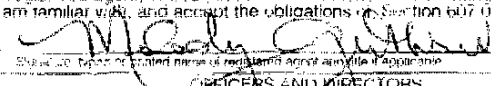
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0186324	
22 City & State	28	29 City & State	31	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip	25	29 Zip	30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GUTHRIE, MELODY
543 OSPREY AVE. SOUTH
SARASOTA FL 34236

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 or 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	GUTHRIE, MELODY	12 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	
NAME	GUTHRIE, MELODY	22 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	
NAME	SORTORE, SHIRLEY	32 NAME	
STREET ADDRESS	713 MYRTLE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	GUTHRIE, MELODY	42 NAME	
STREET ADDRESS	543 OSPREY AVE. SO.	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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: 

CR2E034 (10-97)