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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90083 013 \*\*\*150.00

## DOCUMENT # L66542

MELODY OF SARASOTA, INC.

Principal Place of Business Mailing Address							-	018 1581 <b>8</b> 1811 <b>0</b>	1811 A1811 A1811	
555 OSPREY AVE. SOUTH 555 OSPREY AVE. SOUTH										
SARASOTA FL 34236 SARASOTA FL 34236							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							04/17/1990			{
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		T A	pplied For
<u> </u>			26				65-0186324		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22			27				3. Certificate of States Boshod			equired
City & State			City & State				6. Election Campaign Financing			May Be
23	28			Country			Trust Fund Contribution			to Fees
Zip !	Country		Zip Country				This corporation owes the curre Personal Property Tax.	ent year Int	angible Yes	□No
24	9. Name and Address of Curren	29		<u> </u>			10. Name and Address of New F	Reaistered		
	9. Name and Address of Curren		81	Name	To. Hame and Hame					
GUTHRIE, MELODY					The state of the s					
543 OSPREY AVE. SOUTH					82 Street Address (P.O. Box Number is Not Acceptable)					}
SARASOTA FL 34236			-	83		and the state of t				
				-				OF 7in	Code	
· .	•				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.										s registered .
11. Pursuant to the provisions of Sections of 0.7.1502 and 0.7.1502 an										
SIGNATURE MELODY GUTHRIE PRESIDENT										
! Si	gnature, typed or printed name of registered agen	t and title if ap	picable. (NOTE: F		Agent	t signature required		DATE	ID DIDECT	ODE IN 12
12.	OFFICERS AN	D DIRECT	ORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AI	Change	
1 1	p Guthrie, Melody		□ DELETE	1.1 H				•		
·	543 OSPREY AVE. SO.					ADDRESS	•			ļ
	SARASOTA FL 34236			1.4 CIT						1
	S		☐ DELETE	2.1 TIT		I ZIF			☐ Change	Addition
1	GUTHRIE, MELODY			2.2 NA						{
1 ' 1	543 OSPREY AVE. SO.			2.3 STF	REET	ADDRESS				1
1 1	SARASOTA FL 34236			2.4 CI	TY-S1	T-ZIP	•			
TITLE	T	. ,	☐ DELETE	3.1 7177					Change	☐ Addition
NAME	SORTORE, SHIRLEY			3.2 NA	ME					
STREET ADDRESS	713 MYRTLE AVE			3.3 STI	REET	ADDRESS				
CITY-ST-ZIP	VENICE FL			3.4. CF	TY-S1	T-ZIP				
	D		☐ DELETE	4.1 TTT		1			☐ Change	Addition
	GUTHRIE, MELODY			4. 2 NA						
	543 OSPREY AVE. SO.			4.3 STI	REET	ADDRESS				
<del></del>	SARASOTA FL 34236			4.4 CIT		r-ZIP	<del></del>		☐ Change	Addition
TITLE			☐ DELETE	5.1 TITI 5.2 NA			For a long of the second			
NAME	- · · · - · · - · · · · · · · · · · · ·		• -	_		ADDRESS	· Jana Marikan	13.31	and the same	
STREET ADDRESS				5.4 CIT						
CITY-ST-ZIP			DELETE	6.1 TIT					☐ Change	Addition
NAME				6.2 NA					_ •	
STREET ADDRESS				6.3 ST	REET	ADDRESS				}
CITY-ST-ZIP				6.4 CIT	Y-ST	r-zip				
31-31-28										

14. I 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, with all other like empowered.

G.41 - 952 | 1010 Daytime Phone #