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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M71916 (4)

1. Corporation Name
BLAB OF SARASTOA, INC.

Principal Place of Business Mailing Address
47 S PALM BLVD STE 211 SARASOTA FL 34236 US **127 E ZARAGURA STE 203 PENSACOLA FL 32501 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/15/1988** 3a. Date of Last Report **03/15/1994**
4. FEI Number **65-0056953** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 12836**
22 City & State 27 **PENSACOLA FL 32576**
23 Zip Country 28 **32576** 29 **Escambia**
24 25 29 30

9. Name and Address of Current Registered Agent
**JONES, EUGENE
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable: (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GINSBURG, ARTHUR D
STREET ADDRESS	380 NORTH WASHINGTON DRIVE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	JONES, EUGENE
STREET ADDRESS	356 ISLAND CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	VIGODSKY, FRED
STREET ADDRESS	127 E. ZARGOZA STREET
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	ST
NAME	VIGODSKY, BRENDA
STREET ADDRESS	127 E. ZARGOZA STREET
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY - ST - ZIP	
3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	121 S. Palafox St., Suite "D"
3. 4 CITY - ST - ZIP	
4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	121 S. Palafox St., Suite "D"
4. 4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME	
6. 3 STREET ADDRESS	
6. 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; that I am 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 checked, or on the attachment with an address.

SIGNATURE: **Fred W. Vigodsky**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/11/95** **904-432-8782**
Date (Type Here)