

AMENDED

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

05-24-1999 90023 034 \*\*\* 61.25  
FILED M71916  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 21 PM 2:33

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71916  
1. Corporation Name  
BLAB OF SARASTOA, INC.

Principal Place of Business 47 S PALM BLVD STE 211 SARASOTA FL 34236 US	Mailing Address P.O. BOX 12836 PENSACOLA FL 32576 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/15/1988	4. FEI Number 65-0056953	Applied For 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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: Don Guercio  
 82 Street Address (P.O. Box is Not Acceptable): 47 South Palm  
 83 Suite 211  
 84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
 I submit this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered

SIGNATURE: *[Signature]* DATE: 3/25/99  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD - President
NAME	GINSBURG, ARTHUR D	1.2 NAME	Don Guercio
STREET ADDRESS	360 NORTH WASHINGTON DRIVE	1.3 STREET ADDRESS	463 Meadow Lark Dr.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	2.1 TITLE	
NAME	JONES, EUGENE	2.2 NAME	
STREET ADDRESS	358 ISLAND CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	VIGODSKY, FRED	3.2 NAME	
STREET ADDRESS	121 S PALAFOX ST., SUITE "D"	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	VIGODSKY, BRENDA	4.2 NAME	
STREET ADDRESS	121 S PALAFOX ST., SUITE "D"	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*[Handwritten signature and date: 3/25/99]*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that the information is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/25/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I further certify that the information is true and accurate and that my name appears in the Florida Statutes; and that my name appears in the Florida Statutes; and that my name appears in the Florida Statutes.  
 950-432-8980