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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

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THEATR	MENT # N1190 REWORKS OF SARASOTA	• • •						
Principal Place	of Business	Mailing Address			i iddinia: 864 met i ilait ibili d	TOR LAND DENIT D	ALI BIRNI DIBILA	INDIA DANAH MEN
C/O PATTI O'BERG 1247 1ST STREET SARASOTA FL 34236		C/O PATTI O'BERG 1247 1ST STREET SARASOTA FL 34236-5501						
Shinsoin it v	774.00	CHARLOCKIT IS CHARLOSON		3	. Date incorporated or Qualifie 11/05/1985	d <b>3a.</b> Di	of Last R 06/17/19	eport <b>96</b>
2. Principal Pla	ice of Business	2a. Mailing Address		4	. FEI Number			plied For
1		26		l	59-2604074		······	t Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5	. Certificate of Status Desired		\$8.75	
2		27					Fee Re	··
City & State		City & State		6	<ul> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ul>		\$5.00 Added t	
Zip	Country	Zip	Country		This corporation has liability f			
	25	29	30	.	Florida Statutes		□ No	. 100.002,
	9. Name and Address of Currer	nt Registered Agent		10	, Name and Address of New	Registered	Agent	
			81	$^{\text{Name}}O$ $\tilde{E}$	ERG, PATT	į –		
	), YVONNE				P.O. Box Number Is Not Accep	table)		
1247 1ST			83	2300 h	IILL VIEW			
SAKASUI	TA FL 34238		03					
			84	City < A O A	KATA	FL	85 Zip	Code a
1. Pursuant to	the provisions of Sections 617.050	02 and 617 1508. Florida Statute	es, the above-r	SARA	on submits this statement for th	e purpose o	changing it	2.57
office or reg	the provisions of Sections 617.050 gistered agent, or both, in the State of familiar with and accept the oblig	of Florida. Such change was a	authorized by ti	he corporation's	board of directors. I hereby ac	cept the app	contraent as	registered
agent i am	Hamiliai wary and accept the colig	aligns by, Section 617.0503, Flu	mua otatules.				<i></i>	
NONATURE		N. N. Berk					V22/6	77 - I
SIGNATURE	ilgraphie typed or printed name of registered ap	CN Bur		signature required wh		DATE /	D3/4	7
2.	OFFICERS AN	ent and fitte if applicable (NOTE	E: Registered Agent	signature required wh		DATE /	DIRECTOR	S IN 12
2. ITLE	OFFICERS AN	ent and fitte if applicable (NOTE	E: Registered Agent 13. 1.1 TITLE		en reinstating)	DATE /	13/4	S IN 12
IZ. ITLE	PD LERER, CARL	ent and fitte if applicable (NOTE	E: Registered Agent 13. 1.1 TIFLE 1.2 NAME	signature required who	an reinstating)  ADDITIONS/CHANGES TO OF	DATE /	DIRECTOR	S IN 12
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