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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # **N23143** **(3)**

1. Corporation Name

SARA MANA ANTIQUE DEALERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
539 S. PINEAPPLE SARASOTA FL 34236 US	539 S. PINEAPPLE SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 10/23/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VINALES, JACK
539 S. PINEAPPLE
SARASOTA FL 34236

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 Jack Vinales 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~IVERSEN, ANN C~~	1.2 NAME	Pike, Sharalyn	
STREET ADDRESS	~~327 W VENICE AVE~~	1.3 STREET ADDRESS	4039 Prescott STreet	
CITY-ST-ZIP	~~VENCIE FL~~	1.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	GOODMAN, EVELYN	2.2 NAME	Goodman, Evelyn	
STREET ADDRESS	4525 NORTHLAKE	2.3 STREET ADDRESS	4525 Northlake	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~CASTILLO, SONIA~~	3.2 NAME	Hancock, Judy	
STREET ADDRESS	~~7159 WILDERNESS LANE~~	3.3 STREET ADDRESS	2931 Manatee Avenue West	
CITY-ST-ZIP	~~SARASOTA FL~~	3.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	VINALES, JACK	4.2 NAME	Vinales, Jack	
STREET ADDRESS	1917 BAHIA VISTA STREET	4.3 STREET ADDRESS	1917 Bahia VIsta	
CITY-ST-ZIP	SARASOTA, FL 34239	4.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	KEIRNS, DON	5.2 NAME	Keirns, Don	
STREET ADDRESS	P O BOX 465 N/A	5.3 STREET ADDRESS	P. O. Box 465 N/A	
CITY-ST-ZIP	TALLEVAST FL	5.4 CITY-ST-ZIP	Tallevast, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Vinales (JACK VINALES) January 26,1995 (813)0570002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6018481