

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # N24284 (4)

1. Corporation Name
LIONS CLUB OF SEMINOLE, INC.

Principal Place of Business P.O. BOX 3721 SEMINOLE FL 34645 US	Mailing Address P.O. BOX 3721 SEMINOLE FL 33775-3721 US
-------------------------------------------------------------------------	------------------------------------------------------------------



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 03/06/1996
21		26		4. FEI Number 59-2859725	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33775	25 Country FLORIDA	29 Zip 33775	30 Country FLORIDA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARRY K SCHINDLER 10438 KUMQUAT LN SEMINOLE FL 34642				10. Name and Address of New Registered Agent			
				81 Name SHARON GRIFFITH			
				82 Street Address (P.O. Box Number Is Not Acceptable) 5483 106 ST			
				83			
				84 City SEMINOLE	85 State FL	86 Zip Code 33772	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **SHARON L. GRIFFITH P** *Sharon L. Griffith* **4-10-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	PAUL N. ANDRESS 12196 82 AVE N. SEMINOLE FL	1.1 TITLE P	SHARON GRIFFITH 5483 106 ST SEMINOLE FL 33772
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	SHARON GRIFFITH 5483 106ST SEMINOLE FL	2.1 TITLE VD	WAID TRIBIANO 9428 133 ST SEMINOLE FL 33772
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	JACK KALMUS 11681 OAK AVE N SEMINOLE FL	3.1 TITLE VD	PAUL PRESCOTT 8743 93 AVE N LARGO FL 33777
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	BARBARA ANDRESS 12196 82 AVE N SEMINOLE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE TD	HARRY SCHINDLER 10438 KUMQUAT LN SEMINOLE FL	5.1 TITLE T.F.D	PAUL O'MALLEY 4775 COVE CIRCLE N SEMINOLE FL
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	IVAN ESHLEMAN 14255 ROSEMARY LN LARGO FL	6.1 TITLE D	CHARLIE FORTSON 11681 OAK AVE SEMINOLE FL 33776
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 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: **SHARON L. GRIFFITH** *Sharon L. Griffith* **4-10-97** **813-993-3991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0051669

CR2E037 (9/96)

4-17-97 B-4860 C
 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # N94000002549 (3)
 1. Corporation Name
FLORIDA SOCIETY OF ANESTHESIA MANAGERS, INC.



Principal Place of Business 1261 S. TAMiami TR - SARASOTA FL 34239	Mailing Address 1261 S. TAMiami TR SARASOTA FL 34239-2221
----------------------------------------------------------------------------------	-----------------------------------------------------------------

2. Principal Place of Business 21 413 Bayshore Drive Suite, Apt. #, etc.	2a. Mailing Address 26 413 Bayshore Drive Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/02/1993	3a. Date of Last Report 03/14/1996
22 City & State 23 Osprey FL	27 City & State 28 Osprey FL	4. FEI Number 65-0479263	Applied For Not Applicable
24 Zip 34229	25 Country USA	29 Zip 34229	30 Country USA
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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
GREULICH, APRIL I.
~~1261 S. TAMiami TR - SARASOTA FL 34239~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
413 Bayshore Drive
 83
 84 City
Osprey
 85 Zip Code
FL 34229

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* **APRIL I Greulich, President** x **4/10/97**
Signature of type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMOCK, KAREN P	
STREET ADDRESS	2472 CONGRESS ST	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUIR, LEE	
STREET ADDRESS	%700 2ND AVE N., #302	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, CAROL	
STREET ADDRESS	%3949 EVANS AVE., #102	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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 as an attachment with an address.
 SIGNATURE: *[Signature]* **Karen P. Smock** **4/7/97** **941-339-4782**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063867

CR2E037 (9/96)