


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29044 (7)**

1. Corporation Name  
**TEEN COURT OF SARASOTA, INC.**



Principal Place of Business <b>P O BOX 48927 SARASOTA FL 34230</b>	Mailing Address <b>101 S WASHINGTON BLVD 9TH FLOOR SARASOTA FL 34236 US</b>
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3. Date Incorporated or Qualified <b>10/26/1988</b>	
4. FEI Number <b>65-0108304</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 101 S. Washington Blvd.</b> Suite, Apt. #, etc. <b>22 3rd Floor</b> City & State <b>23 Sarasota, FL</b> Zip <b>24 34230</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 P. O. BOX 48927</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Sarasota, FL</b> Zip <b>29 34230</b> Country <b>30 USA</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MITCHELL, DAVID M.  
219 SOUTH ORANGE AVENUE  
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 <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, FAY</b>	
STREET ADDRESS	<b>2071 RINGLING BOULEVARD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIETZ, FRANCIS</b>	
STREET ADDRESS	<b>1620 NORTH LODGE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, CHRISTINE</b>	
STREET ADDRESS	<b>720 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>EBERSOLE, BETH</b>	
STREET ADDRESS	<b>1858 RINGLING BOULEVARD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BYRON, LEE</b>	
STREET ADDRESS	<b>2418 HATTON</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>SELF, M. KATHLEEN</b>	
STREET ADDRESS	<b>101 S. WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	

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 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: *M. Kathleen Self* *March 27 1998*

CP2E037 (1097)