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NONP	ROFIT
CORPO	RATION
ANNUAL	REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU	MENT	# N354	438		(3)								
1. Corporatio	on Name				1 = 7								
SWEU	IISH CLUE	3 of Sarasot	TA, INC.	•					4.250(1)			3-4	
Principal Plac	e of Business	3		Maili	ing Address					000 1910: 0 1111 0100 1			[[]]
P.O. BOX 2	1722			P.O). BOX 21722								
SARASOTA					RASOTA FL 34276	;							
									3 Data Incorp.	aratad as Qualific	- 30	Dete of La	
									11/27	orated or Qualified /1989	a 36.	Date of La 01/23	
2. Principal P	Place of Busin	ess		2a. N	failing Address				4. FEI Number				Applied For
21			2						65-01	64309	_		Not Applicable
Suite, Apt.	.#, etc.		L	_	Suite, Apt. #, etc.				5. Certificate o	f Status Desired		\$8.	75 Additional
City & Stat	te		2		City & State								e Required
23			2	_	aty a state				6. Election Car Trust Fund (mpaign Financing			.00 May Be
Zip		Country			ip	Cour	ntry			ation has liability for	or intanoible		ded to Fees
24		25	21		·	30			Florida Statu	ıtes	☐ Yes	□ No	5. 188.032,
	9. Name	and Address of Cu	urrent Reg	gister	red Agent		1		10. Name and	Address of New	Register	ed Agent	
CHIANC	ON DACUA	A D				1	81 Nan	Kac	ger Wo	Ilstadt	 -		
	ON, RAGHA .AZA DE LA						82 Stre	et Address	₹(P.O. Box Numb	ner is Not Accent	able)		
	OTA FL FL :					ŀ	83	960	Kng	sten D	fra Led		
O/II (/IO)	JIN I C I C	04203											
							84 City	San	rase te		F		Zip Code
11. Pursuant	to the provision	ons of Sections 617.0 both, in the State of of the obligations of	.0502 and (617.1	508, Florida Statu	ites, the abov	e-named	corporation	on submits this st	tatement for the p	ourpose of	changing its	s registered office
familiar w	ith and secar	of the obligation of	rionoa. Su	OH OF	nande was authori	izea by the ci	STOOTATION	n's board r	of directors if here	eby accept the ac	prointment.	as registers	ad agent Lam
ica i inica i i i	ici, and accep		Section 91	17.050	03, Florida Statute	os.	or por acron	10 00010	DI GIOGIOIS. 111016		power	os regiotori	ed agent. I am
SIGNATURE		111111160	ay_										
		r printed name of registered	d agent and title	e if appi	icable (N	NOTE: Registered A			nen reinstating)		Mar	A 20	1996
SIGNATURE		r printed name of registered	ay_	e if appi	icable (N		Agent signatu	rw beniupen en	nen reinstating)	CHANGES TO OF	Mar	ND DIRECT	7996 TORS IN 12
SIGNATURE	Signature, typed / P BOCKM/	printed name of registered OFFICERS AN, JUDY	d agent and title	e if appi	icable (N DRS	NOTE: Registered A	Agent signatu E		nen reinstating)		Mar	A 20	7996 TORS IN 12
SIGNATURE 12. TITLE	P BOCKMA 307 BOB	of printed name of registered OFFICERS AN, JUDY BBY JONES RD	d agent and title	e if appi	icable (N DRS	13. 1.1 TITI 1.2 NAM	Agent signatu E	rw beriuper en	nen reinstating)		Mar	ND DIRECT	7996 TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed / P BOCKM/	of printed name of registered OFFICERS AN, JUDY BBY JONES RD	d agent and title	e if appi	icable (A DRS DELETE	13. 1.1 TITI 1.2 NAM 1.3 STR	Agent signatu .E ME	rw beriuper en	nen reinstating)		Mar	ND DIRECT	7996 TORS IN 12
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To the leave young in a the find middle supplied with this hilling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 comporation 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:

| SIGNATURE | Mark Type Or Printed Name of Signing OFFICER OR DIRECTOR

March 20, 1996 94.925.04.94