

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000664 (2)

1. Corporation Name

PFLAB - SARASOTA, INC.

Principal Place of Business

Mailing Address

4618 TRAILS DRIVE
SARASOTA, FL. 34232

4618 TRAILS DRIVE
SARASOTA, FL. 34232

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

KANETSKY, MURRAY
227 NOKOMIS AVENUE SOUTH
VENICE, FL. 34285

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

65-0470382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, LEON	
STREET ADDRESS	4618 TRAILS DR.	
CITY-ST-ZIP	SARASOTA, FL. 34232	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JUDITH	
STREET ADDRESS	4618 TRAILS DR.	
CITY-ST-ZIP	SARASOTA, FL. 34232	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NELSON, BETSY	
STREET ADDRESS	712 TROPICAL CIRCLE	
CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANETSKY, MURRAY	
STREET ADDRESS	227 NOKOMIS AVE. SOUTH	
CITY-ST-ZIP	VENICE, FL. 34285	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLETT, BUNNY	
STREET ADDRESS	3417 FAIRVIEW DR.	
CITY-ST-ZIP	SARASOTA, FL. 34239	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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-02/09/99-01115-009
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE:

Leon Weinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

(94)378-3536

Daytime Phone #

CR2E037 (11/98)