FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90030 001 ****61.25

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DOCUMENT # **N96000000537**

1. Corporation Name

SATURDAY IN THE CITY, INC.

Principal Place of Business	Mailing Address
600 CLEVELAND ST SUITE ~~720~~ 940 CLEARWATER FL ~~34615~~	600 CLEVELAND ST SUITE ~~720~~ 940 CLEARWATER FL ~~34615~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 600 Cleveland Street	26 600 Cleveland Street	01/26/1996
Suite, Apt. #, etc. 22 Suite 940	Suite, Apt. #, etc. 27 Suite 940	4. FEI Number 59-3442890 ☐ Applied For ☐ Not Applicable
City & State 23 Clearwater FL	City & State 28 Clearwater FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33755 Country 25 USA	Zip 29 33755 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DEVINE, MARY~~ ~~600 CLEVELAND ST SUITE 720~~ ~~CLEARWATER FL 34615~~	81 Name: Elise K. Winters 82 Street Address (P.O. Box Number is Not Acceptable): 600 Cleveland Streeet 83 Suite 940 84 City: Clearwater FL 85 Zip Code: 33755

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 _____ Elise K. Winters 1/26/99
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	D P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ROBERT P		1.2 NAME	
STREET ADDRESS	301 HILLCREST DR N		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	D T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JUNG, DUANE		2.2 NAME	
STREET ADDRESS	197 WINDING WILLOW DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE	~~AS~~	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~WINTERS, ELISE K~~		3.2 NAME	
STREET ADDRESS	~~600 CLEVELAND ST STE 940~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~CLEARWATER FL~~		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, PATRICIAL D		4.2 NAME	
STREET ADDRESS	301 HILLCREST DR. N		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: D Jung SIGNATURE REQUIRED DUANE T. JUNG 3-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #