


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000793
 1. Corporation Name
FMPTA SARASOTA-MANATEE CHAPTER INC.

Principal Place of Business	Mailing Address
ONE PHILLIPPI SHORES Dr. SARASOTA, FL. 34230	ONE PHILLIPPI SHORES Dr. SARASOTA, FL. 34230

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2-15-96	3a. Date of Last Report 2-15-96
21	22	23	24	25	26
4. FEI Number 2521058450 59-2613929		5. Certificate of Status Desired <input checked="" 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		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			10. Name and Address of New Registered Agent		
LEA SMITH JOHNSON PO BOX 49043 SARASOTA, FL. 34236			81 Name DON MARONCELLI 82 Street Address (P.O. Box Number is Not Acceptable) ONE PHILLIPPI SHORES Dr. 83 84 City SARASOTA, FL 85 Zip Code 34231		

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 **DON MARONCELLI** *[Signature]* DATE **4-4-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P-D DON MARONCELLI
STREET ADDRESS		1.3 STREET ADDRESS	ONE PHILLIPPI SHORES Dr.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	SARASOTA, FL. 34231
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V-D SUZI HOSFELD
STREET ADDRESS		2.3 STREET ADDRESS	386 TRAILS DRIVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SARASOTA, FL. ORIDA 34232
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T-D JOE HOSFELD
STREET ADDRESS		3.3 STREET ADDRESS	4386 TRAILS DRIVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	SARASOTA, FL. 34232
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002155696
STREET ADDRESS		6.3 STREET ADDRESS	-04/25/97--01078--037
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***70.00

14. I do 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.

SIGNATURE: *[Signature]* **DONALD J. MARONCELLI** DATE **4-4-97** DAYTIME PHONE # **941-922-7196**

CR2E037 (9/96)