


FILE NOW: FILING FEE IS \$61.25

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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	
DOCUMENT # N96000000793 1. Corporation Name FMPTA SARASOTA-MANATEE CHAPTER INC.					
Principal Place of Business ONE PHILLIPPI SHORES Dr. SAME SARASOTA, FL. 34230		Mailing Address ONE PHILLIPPI SHORES Dr. SAME SARASOTA, FL. 34230			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 2-15-96 3a. Date of Last Report 2-15-96 4. FEI Number 2521050450 59-2613929 Applied For Not Applicable 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 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 LEA SMITH JOHNSON PO BOX 49043 SARASOTA, FL. 34236			10. Name and Address of New Registered Agent 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 <i>[Signature]</i> 4-4-97 <small>Signature typed or printed name of registered agent and time, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME P-D DON MARONCELLI 1.3 STREET ADDRESS ONE PHILLIPPI SHORES Dr. 1.4 CITY-ST-ZIP SARASOTA, FL. 34231 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SUZI HOSFELD 2.3 STREET ADDRESS 4386 TRAILS DRIVE 2.4 CITY-ST-ZIP SARASOTA, FL. ORIDA 34232 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME T-D JOE HOSFELD 3.3 STREET ADDRESS 4386 TRAILS DRIVE 3.4 CITY-ST-ZIP SARASOTA, FL. 34232 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 600002155696 6.3 STREET ADDRESS -04/25/97--01078--037 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: <i>[Signature]</i> DONALD J. MARONCELLI 4-4-97 941-922-7196 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E037 (9/96)