

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003715 (6)**

1. Corporation Name

**M.A.D. D.A.D.S. OF SARASOTA, INC.**



Principal Place of Business <b>1701 N. TAMAMI TRL. SARASOTA FL 34234</b>		Mailing Address <b>1701 N. TAMAMI TRL. SARASOTA FL 34234</b>		3. Date Incorporated or Qualified <b>06/27/1997</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number <b>65-0778625</b> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ROKNICH, NICK M 1919 MAIN ST., STE. 700 SARASOTA FL 34234</b>		10. Name and Address of New Registered Agent 81 Name <b>Glenda Mock</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1701 N. TAMAMI TRL</b> 83 City <b>SARASOTA</b> FL 84 Zip Code <b>34234</b>	
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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]* DATE **4/24/98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, RICKEY</b>	1.2 NAME	
STREET ADDRESS	<b>1322 24TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPREE, JEROME</b>	2.2 NAME	
STREET ADDRESS	<b>1432 17TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOCK, GLENDA</b>	3.2 NAME	
STREET ADDRESS	<b>1701 N. TAMAMI TRL.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, PHILLIP J</b>	4.2 NAME	
STREET ADDRESS	<b>2400 COLSON AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHERRY, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>3907 BAYSHORE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAMS, AL</b>	6.2 NAME	
STREET ADDRESS	<b>1710 22ND</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE **4/25/98** **941-3651342**

CR2E037 (10/97)