Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90230 043 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041099

1. Corporation Name

STREET ADDRE 3S

CITY-ST-ZIP

DAL OF SARASOTA, INC.

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Principal Flace	e of Business	Mailing Address					(INCLUSE: WE INCRE !!!!! BEIN BE!!! BE!		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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SARASOTA FL 34232 SARASOTA FL 34232							DO NOT WRITE IN	PILIT	SPACE		
05 05							e Incorporated or Qualifed		JI ACL		
							/09/1993				
							Number			And	lied For
_	lace of Business	2a. Mailing Address					-0415180		- ├	 -	Applicable
21	N/M	26 Suite, Apt. #, etc.		-		<u> </u>			\$8.7		ditional
Suite, Apt.	#, etc.	— — · · · · · ·				5 . Cer	tifcate of Status Desired			e Reis	
22		City & State					dia Orangian Financina		\$5	<u></u> :	May Be
City & Stat	ie	⊢ ′					ctic n Campaign Financing				ray be Fees
23	Country	Zip	Cou	ntry			s corporation owes the current ye	ar Inte			
Zip		<u> </u>	30	,		1	sonal Property Tax.	ear iiite	Yes	\	J No
24	9. Name and Address of Currer	29 Agent	30				ne and Address of New Regis	tered a		;	7
	s. Name and Address of Currer	i vedioreien wäeur		81	Name()	JIII					
l FF	, DEBORAH A		i	ļ	1 <u>~</u>	14	<u> </u>				
	S SPAINWOOD DR.			82	Street Add	dress (P.O. B	Box Number is Not Acceptable)				
	ASOTA FL 34232			83				——			
OAN	14301A 1 L 34202			63							
				84	City				85	Zip Co	ode
	to the provisions of Sections 607.050				·			FL			
SIGNATUF:E	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	: Registered	Agent s	ignature requir	red when reinstal	ong) D ITIONS/CHANGES TO OFFICE	RS AN	ID DIRE	СТО	RS IN 12
TITLE	D	☐ DELETE	1.1 TR	î.E	$ \Gamma$				Char	nge	Addition
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	SARASOTA FL 34277-2789			14 CITY-ST-ZIP							
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6.4 CITY-ST-ZIP

14. I hereb / 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a lother like empowered. SIGNATURE: