## 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 # P93000070595 1. Corporation Name

Jajor	- SANASOTA, INC.									
Principal Place	of Business	Mailin	g Address				]	*****		
6728 STILLWATER WAY 6728 STILLWATER WAY										
SARASOTA FL 34231 SARASOTA FL 34231							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualife		JFACE.	
							10/04/1993	u		
<u> </u>	(8)		- War - Address				4. FEI Number			Applied For
	lace of Business	$\vdash$	ailing Address				65-0453605		$\vdash$	Not Applicable
21		26	11. A.4 # a4a				0070400000			Additional
Suite, Apt.	#, etc.	$\vdash$	uite, Apt. #, etc.				5. Certifcate of Status Desired		, -	Required
22		27	ty & State				A Florida Consider Financia			
City & State	e	$\vdash$	ly & State				6. Election Campaign Financing Trust Fund Contribution	, <sub>□</sub>		May Be to Fees
23	Country	28    Zij		Cou	ntra		<del> </del>			701003
Zip	Country	—————`	·		, iti y		This corporation owes the cu     Personal Property Tax.	rrem year in	Yes	□No
24	9. Name and Address of Currer	29		30	Γ		10. Name and Address of New	Registered		
	9. Name and Address of Currer	it Kegisteri	au Agent		81	Name	To: Hame and Address of How	(togiote) o		
FITZ	GIBBONS, THOMAS M ESQ					<u></u>				
1800 2ND ST.				82	Street Addre	ess (P.O. Box Number is Not Accep	otable)			
SUITE 775					83			·		
_	ASOTA FL 34236			1	03	-				:
07412	10011112 01200				84	City		FL	85 Zir	o Code
						<u> </u>			<u> </u>	to an aistern d
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state of registered age.	of Florida. ations of, Se	Such change was at action 607.0505, Flor	uthorized rida Stati	i by Lites	the corporation	n's board of directors. I nereby acc	ept the appoi	ntment as	registered
12.	OFFICERS AN			13.	ragai	it aignature required	ADDITIONS/CHANGES TO C		ID DIRECT	ORS IN 12
TITLE	D	- DINEOI	DELETE	1,1 TI	ΓLE				[] Change	
NAME	PANARELLI, JOSEPH		<del>_</del>	1,2 NA	ME					
) )	6728 STILLWATER WAY			3		T ADDRESS				ļ
STREET ADDRESS	SARASOTA FL 34231							•		ŀ
CITY-ST-ZIP	D		☐ DELETE	1.4 Cl <sup>2</sup>		1-217		<del></del>	[] Change	e Addition
TITLE	LORIA. VINCENT J			2.2 NA						_
NAME	+ · · · · · · · · · · · · · · · · · ·					T + DDDCCC	•			ļ
STREET ADDRESS	6728 STILLWATER WAY			- 6		TADDRESS	· ·	,		ì
CITY-ST-ZIP	SARASOTA FL 34231		☐ DELETE	2. 4 Cl		ST-ZIP		-	Change	e Addition
TITLE										,
NAME				3.2 NA						
STREET ADDRESS						TADORESS				Ì
CITY-ST-ZIP	<u> </u>			_		ST-ZIP			Change	e Addition
TITLE			☐ DELETE	4.1 Ti	TLE				Citaligi	, [] AUGIUOII
NAME				4, 2 N	AME					ļ
STREET ADDRESS				4.3 ST	REET	T ADDRESS				1
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TI				•	Change	e 🔲 Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 \$1	REET	T ADDRESS	•			
CITY-ST-ZIP						T-ZIP				
TITLE			DELETE	6.1 TJ	TLE				Change	e 🔲 Addition

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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

2-18-99 (94,35/-1100

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90005 034 \*\*\*150.00