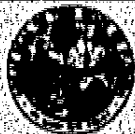


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name:

W. J. M. OF SARASOTA, INC.

Principal Place of Business

305 GULF GATE MALL
SARASOTA FL 34231

Mailing Address

335 GULF GATE MALL
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified

39. Date of Last Report

01/21/1994

4. FEI Number

65-0462775

Applied For	
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Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Bg

00 Trust Fund Contribution

Added to Fees

B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIOTTI, WILLIAM J
4411 CLARK ROAD
SARASOTA FL 34233

81	Notes
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82	Street Address (P.O. Box Number Is Not Acceptable)
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B3

84	City
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FI

AS	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Structure, types of parties, number of registered groups and total registration

(NOTE: Foreign-born Agent signatures required when noncitizens)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		1. 1 TITLE	PSD	William J. Mariotti	☐ Change ☒ Addition
NAME		1.2 NAME		4411 Clark Road	
STREET ADDRESS		1.3 STREET ADDRESS		Sarasota, Florida 34233	
CITY - ST - ZIP		1.4 CITY - ST - ZIP			
TITLE		2.1 TITLE			☐ Change ☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE			☐ Change ☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE			☐ Change ☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE			☐ Change ☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

William J. Mariotti William J. Mariotti
SIGNATURE AND TYPED NAME AND TITLE OF SIGNING OFFICIAL ON DIRECTOR

End:

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