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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARAMENT OF STATE
Sandra B. Mortham

Scoretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # P9400008111 (4)

SILVER DOLLAR ENTERPRISES OF SARASOTA, INC.

Mailing Address Principal Place of Business 6931 HAWKINS ROAD 6931 HAWKINS ROAD SARASOTA FL 34241 SARASOTA FL 34241 3a. Date of Last Report 3. Date Incorporated or Qualified 01/21/1994 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0465938 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Country Zio ☐ Yes MNo 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOODMAN, LARRY E Street Address (P.O. Box Number is Not Acceptable) 82 6931 HAWKINS ROAD 83 SARASOTA FL 34241 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstate g) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1 TREAS. Change DELETE 1 1 THE TITLE GOODMAN GOODMAN, LARRY E 1.2 NAME NAME 6931 HAWKINS RD 1.3 STREET ADDRESS STREET ADDRESS 34241 SARASOTA FL 1.4 CITY - ST- 2IP CITY-ST-ZIP TITLE DELFTE 2 1 TITLE ☐ Change [Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CUTY - \$1 - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4.0/1Y-ST-7/P CHTY-ST-ZIP Change ■ Addition DELETE TITLE 4.1 Table NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-7(2) []] DELETE ["] Change Addition 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CI1Y-S1-ZIP Change [] DELETE 6 1 1111 Addition THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(TY - S1 - Z(P CITY-ST-ZIP 4. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information inclicated on this annual roport 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12

SIGNATURE:

ATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY E GOODAN 4/80/96

9419239991

CR2E034 (12/95)