

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-2-19-96 B-1241

DOCUMENT # P94000010458 (5)

1. Corporation Name

SARASOTA EXECUTIVE SUITES, INC.



Principal Place of Business

Mailing Address

677 N. WASHINGTON BLVD.
SARASOTA FL 34236

677 N. WASHINGTON BLVD.
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

10/18/1995

4. FEI Number

65-0468718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

VITTIGLIO, JR., JOHN B
493 PARTRIDGE CIRCLE
SARASOTA FL 34236

81 Name

JOHN B. VITTIGLIO JR.

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

8240 MANASOTA KEY ROAD

83

84 City

ENGLEWOOD

FL

85 Zip Code

34223

11. Pursuant to the provisions of Sections 607.0507 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

Signature of person of record (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/14/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VITTIGLIO, JR., JOHN B
STREET ADDRESS
493 PARTRIDGE CIRCLE
CITY-ST-ZIP
SARASOTA FL 34236

TITLE ☐ DELETE

NAME
VITTIGLIO, WANDA
STREET ADDRESS
493 PARTRIDGE CIRCLE
CITY-ST-ZIP
SARASOTA FL 34236

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
8240 MANASOTA KEY ROAD

1.4 CITY-ST-ZIP
ENGLEWOOD, FL 34223

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
8240 MANASOTA KEY ROAD

2.4 CITY-ST-ZIP
ENGLEWOOD, FL 34223

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

Wanda Vittiglio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

941-952-0076

Daytime Phone #

CR2E034 (12/95)