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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010458 (5)

SARASOTA EXECUTIVE SUITES, INC.

Principal Prac	e of Business	Mailing Address				-	ARARA INDII DOINI BIRDI B	JH) (011 HILL
677 N. WASHINGTON BLVD. SARASOTA FL 34236		677 N. WASHINGTON BLVD. SARASOTA FL 34236-4241						
						3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last 02/19/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						65-0468718		Not Applicable
Suite, Apt		Suite, Apt. #, etc. <b>27</b>				5. Certificate of Status Desired	7	5 Additional Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
<b>23</b> Zip		28	1			Trust Fund Contribution		ed to Fees
24	Country Zup  25 29		<b>├</b> ──	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Current	11	30			Florida Statutes  10. Name and Address of New Reg		
VITT	IGLIO, JR., JOHN B			81	Name			
8240 MANASOTA KEY ROAD				82 5	Street Addre	ess (P.O. Box Number is Not Acceptab	de)	· · · · · · · · · · · · · · · · · · ·
ENGLEWOOD FL 34223						233 (F.O. DOX MUNIDER IS NOT ACCEPTED	ю,	
				83				
			ŀ	B4 (	City		85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1509 Florida State	ttoo the of		amad aara		FL " '	
enice or r	registered agent, or born, in the State o	f Florida. Such change was	s authorized	il ya t	amed corporation	on's board of directors. I hereby accep	urpose of changing of the appointment	as registered
agent. La	im familiar with, and accept the obligat	ions of, Section 607.0505, F	Florida Stati	utes.		·		
SIGNATURE	Signature, typed or poor iding in othing stored agent	and title if social able (NE	AL Benetase	Acant e	ido atrino populse	d when reinstating)	OATE	
12.	OFFICERS AND		13.	Agent s	agnature require	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTO	ORS IN 12
T-TLE	PVP	DELETE		1.1 TITLE		7,551,10,10,0,7,7,10,20,10	☐ Chang	
NAME	VITTIGLIO, JR., JOHN B		1.2 NAME				<b>-</b>	
STREET AODRESS	8240 MANASOTA KEY ROAD		1.3 ST	1.3 STREET ADDRESS				•
CITY-S1-ZiP	ENGLEWOOD FL		1.4 CITY-ST-ZIP		nP			
TATLE			2.1 TIT	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	VITTIGLIO, WANDA		2.2 NA	2.2 NAME				
STREET ADDRESS	8240 MANASOTA KEY ROAD		2.3 ST	2.3 STREET ADDRESS				
CITY-ST-ZP	ENGLEWOOD FL		2. 4 CI	ITY-ST-	ZIP			
TITLE	DELETE		3.1 TIT	3.1 TITLE			☐ Chang	je 🔲 Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	reet ad	DRESS			
CITY - ST - ZIP			3.4. CI	TY-ST-	ZIP			
TITLE		L_ DELETE	4.1 117	ILE			Change	e 🔲 Addition
NAME			4. 2 N/	AME	-			
STREET ADDRESS		•	4.3 ST	reet ad	DRESS			
CITY - ST - ZIP	F			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 7(7	LE			☐ Chang	e 🔲 Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET AD	DRESS	•		
CITY-ST-ZIP			5 4 C(1	5 4 City - ST - ZiP		447		
TITLE		DELETE	6.1 TIT	LE			☐ Change	e 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET AD	DRESS			

SIGNATURE:

14. I do 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 cognitiation 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 arrial achieves. JOHN B VITTIBLIO JA

6.4 CITY-ST-ZIP

**FILED** 

Jan 28 1997 8:00am

Secretary of State

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