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FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P94000023725 (2)**

1. Corporation Name

**REMA OF SARASOTA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2033 MAIN ST  
SUITE 104  
SARASOTA FL 34237**

**2033 MAIN ST  
SUITE 104  
SARASOTA FL 34237**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1741 Main St. Suite 101**

27 **1741 Main St Suite 101**

City & State

City & State

23 **Sarasota FL**

28 **Sarasota FL**

Zip

Country

Zip

Country

24 **34236**

25 **US**

29 **34236**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VENABLE, JOSEPH P  
2033 MAIN ST  
SUITE 104  
SARASOTA FL 34237**

81 Name

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

83

84 City

**FL**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **\$** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **VENABLE, JOSEPH P**  
STREET ADDRESS **1400 4TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **RIVOLTA, PIERO**  
STREET ADDRESS **2033 MAIN STREET #104**  
CITY-ST-ZIP **SARASOTA FL 34237**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*[Signature]*

CR2E034 (10/97)