

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025324 (2)

1. Corporation Name
SONGBIRD SIESTA, INC.



Principal Place of Business 200 S ORANGE AVENUE SARASOTA FL 34236 US	Mailing Address 200 SOUTH ORANGE AVENUE SARASOTA FL 34236-0002 US
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3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 c/o Kirk Pinkerton Suite, Apt. #, etc. 22 720 South Orange Ave. City & State 23 Sarasota, Florida Zip Country 24 34236 25 USA	2a. Mailing Address 26 c/o Kirk Pinkerton Suite, Apt. #, etc. 27 720 South Orange Ave. City & State 28 Sarasota, Florida Zip Country 29 34236 30 USA	4. FEI Number 65-0482215 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 S ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name William C. Strode	82 Street Address (P.O. Box Number is Not Acceptable) Kirk Pinkerton, P.A.	83 720 South Orange Avenue	84 City Sarasota,	85 Zip Code FL 34236
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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 *William C. Strode* **William C. Strode** **3/31/97**
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D P S T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEBHARD, H. DIETER		1.2 NAME William C. Strode	
STREET ADDRESS 1850 RINGLING BLVD		1.3 STREET ADDRESS 720 South Orange Avenue	
CITY- ST- ZIP SARASOTA FL		1.4 CITY- ST- ZIP Sarasota, Florida 34236	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *William C. Strode* **William C. Strode, President** **March 31, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)