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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000025477 (8)

1. Corporation Name

SARA REALTY PROPERTIES, INC.

Principal Place of Business

1390 MAIN ST.
10TH FLOOR
SARASOTA FL 34236

Mailing Address

1390 MAIN ST.
10TH FLOOR
SARASOTA FL 34236-5687

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
04/18/1996

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

10. Name and Address of New Registered Agent

BROWN, DARYL J
1819 MAIN ST.
SUITE 1100
SARASOTA FL 34236

81 Name
McCurdy, Jeffrey

82 Street Address (P.O. Box Number is Not Acceptable)
1390 Main Street

83

84 City
Sarasota, FL 85 Zip Code
34236

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]

(NOTE: Registered Agent signature required when reinstating)

3/19/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
GRIFFIN, WILLIAM D
1390 MAIN ST.
SARASOTA FL
34236
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HAMMEL, EDWARD
1390 MAIN STREET
SARASOTA FL
34236
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
HALLOY, RICHARD
1390 MAIN STREET
SARASOTA FL
34236
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97

Date

Daytime Phone #

0427263

CR2E034 (9/96)