

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029668 (8)

1. Corporation Name

VAL'S OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
#1 N TAMiami TRAIL SARASOTA FL 34236 #1 N TAMiami TRAIL SARASOTA FL 34236

3. Date Incorporated or Qualified 04/11/1994
3a. Date of Last Report
4. FEI Number 65-0480592 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
JANS, RICHARD C Parry, Lawrence.
1000 W MAIN ST One North Tamiami Trail
LEESBURG FL 34740 Sarasota, Fl. 34236

10. Name and Address of New Registered Agent
81 Name Parry, Lawrence
82 Street Address (P.O. Box Number as Not Acceptable) One North Tamiami Trail
83 Sarasota, Fl. 34236
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 Laurence Parry [Signature] DATE 4/28/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PT Parry, Lawrence | 1. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Parry, Lawrence | 2. NAME | |
| STREET ADDRESS | 7825 Sanderling Rd. | 3. STREET ADDRESS | |
| CITY, ST, ZIP | Sarasota, Fl. | 4. CITY, ST, ZIP | |
| TITLE | AS Parry, Valerie M. | 21. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Parry, Valerie M. | 22. NAME | |
| STREET ADDRESS | 7825 Sanderling Rd. | 23. STREET ADDRESS | |
| CITY, ST, ZIP | Sarasota, Fl. | 24. CITY, ST, ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY, ST, ZIP | | 64. 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 199.07(3)(b), 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 as an attachment with an address.

SIGNATURE: [Signature] L.H. PARRY. DATE 4/28/95 (813)365-1900