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Secretary of State

02-22-1999 90101 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000029668**
 1. Corporation Name
VAL'S OF SARASOTA, INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1994**

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 **3701 BEE RIDGE RD**
 Suite, Apt. #, etc.: 22 _____
 City & State: 23 **SARASOTA, FL**
 Zip: 24 **34223-9678** Country: 25 **USA**

2a. Mailing Address: 26 _____
 Suite, Apt. #, etc.: 27 _____
 City & State: 28 _____
 Zip: 29 _____ Country: 30 _____

9. Name and Address of Current Registered Agent
HASKINS, HARRY W
1800 2ND ST
STE 819
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81 Name: **ARNOLD MUHLBACH**
 82 Street Address (P.O. Box Number is Not Acceptable): **1 NORTH TAMiami TRAIL**
 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: *Arnold Muhlbach* - **ARNOLD MUHLBACH, COMPTROLLER** DATE: **1/4/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRY, LAURENCE	1.2 NAME	
STREET ADDRESS	5400 OCEAN BLVD., THE TERRACE APT.2-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRY, VALERIE M.	2.2 NAME	
STREET ADDRESS	5400 OCEAN BLVD. THE TERACE APT. 2-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* DATE: **1/4/99** DAYTIME PHONE #: **941-365-1900**

CR2E034 (1/1/98)