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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
96-1997

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

DOCUMENT # ~~165748~~ P94000039521  
1. Corporation Name  
~~SARASOTA REAL ESTATE CORPORATION~~ (SD)  
Royal Palm Real Estate of Sarasota, Inc.

Principal Place of Business Mailing Address  
17843 SAN CARLOS BLVD. 17843 SAN CARLOS BLVD.  
FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931-3024

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
~~05/26/94~~ 5/26/94 12/04/1990  
4. FEI Number 4b. Applied For  
~~65-0000000~~ 0494503 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINIC, STEVEN  
17843 SAN CARLOS BLVD.  
FORT MYERS BEACH FL 33931

81 Name STEVEN DOMINIC  
82 Street Address (P.O. Box Number is Not Acceptable)  
17843 SAN CARLOS BLVD  
83 FORT MYERS BEACH.  
84 City FL 85 Zip Code 33931

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 STEVEN DOMINIC 7-3-97  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PROFT, JAMES A (SD)  
STREET ADDRESS 10115 OUTLAGE DRIVE  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE ☐ DELETE  
NAME DOMINIC, STEVEN  
STREET ADDRESS 17843 SAN CARLOS BLVD.  
CITY-ST-ZIP FORT MYERS BEACH FL 33931 NEW

TITLE ☐ DELETE  
NAME DIKRAH SIMICIAN  
STREET ADDRESS 1145 HORIZON VIEW  
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ DELETE  
NAME ROBERT GLADSTONE  
STREET ADDRESS 1145 HORIZON VIEW  
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECRETARY, TREASURER  
1.2 NAME STEVEN DOMINIC  
1.3 STREET ADDRESS 17843 SAN CARLOS BLVD  
1.4 CITY-ST-ZIP FORT MYERS BEACH FL 33931  
☐ Change ☒ Addition NEW

2.1 TITLE  
2.2 NAME 500002235455  
2.3 STREET ADDRESS -07/10/97-01100-013  
2.4 CITY-ST-ZIP \*\*\*923.75 \*\*\*923.75  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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: STEVEN DOMINIC 7-3-97  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

REINSTATEMENT

CR2034 396