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**PROFIT** CORPORATION ANNUAL REPORT



**FILED** 

Mar 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(al £ 51-2#

STREET ADDRESS

1.111

ACCESS OF SARASOTA, INC. Frencipal Place of Business 1605 MAIN ST SUITE 1001 SARASOTA FL 34238		Mailing Address 1605 MAIN ST SUITE 1001 SARASOTA FL 34236-5881			3. Date Incorporated or Qualified 05/01/1996			
2. Princapa'	Prace of Business	2a. Mailing Address		<del></del>	07/19/1994 4. FEI Number	1 05/0		plied For
1		26			65-0506057			t Applicable
Side, Apr  2]	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & Str	ite	City & State			6. Election Campaign Financing		\$5.00	
<b>3</b>   Z⊕	Country	<b>28</b>		intry	Trust Fund Contribution		Added t	<del></del>
4]	25	[29]	30	o 10. <b>y</b>	This corporation has liability for i     Florida Statutes	ntangible t Yes		199.032,
<u>.</u> 1	9. Name and Address of Co		1501		10. Name and Address of New Re-			·
office or	registered agent, or both, in the t	7.0502 and 607.1508, Florida State	utes, the al	bove-named cor	rnoration submits this statement for the n	FL urpose of	L L	s registerec
•	am familiar with line accept the o	state of Floridal Such change was obligations of, Section 607.0505, F	s authorizei Florida Stat	d by the corpora tutes.	ation's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE	and familiar with line accept the of	obligations of Section 607.0505, F	Florida Stat	tutes.	ation's board of directors. I hereby accepulation and the directors of the	t the appo	Intment as	
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CHY-St ZIP 64 CITY-ST-ZIP 14. Ido fiereby 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 subscaled 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 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE: Maria D. Black Marie D. Black, President 3/10/97 (941) 924-6160

DELETE

0426455

Change Addition