

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065857 (2)

1. Corporation Name

I.H.S. OF SARASOTA, INC.

Principal Place of Business

2600 BRIAR OAKS CIRCLE
SARASOTA FL 34232

Mailing Address

2600 BRIAR OAKS CIRCLE
SARASOTA FL 34232



3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, 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

KOACH, KRAIG H
240 N. WASHINGTON BLVD., STE. 470
SARASOTA FL 34236

4. FEI Number

65-0525397

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of corporation or registered agent, if applicable

Signature of Registered Agent, if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE

D

CONSTANTINOS, PETER R
2600 BRIAR OAKS CIRCLE
SARASOTA FL 34232

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

D

CONSTANTINOS, KATHRYN R
2600 BRIAR OAKS CIRCLE
SARASOTA FL 34232

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY, ST, ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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 119.07(3)(k), 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: Kathryn R. Constantinou KATHRYN R. CONSTANTINOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (94)371-0689

CR2E034 (12/95)