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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION L REPORT 996	DIVIS	Sandra B. Morth Secretary of Str ION OF CORPOR	ite .			
DOCUM 1. Corporation N	lame	000072397	7 (0)				
JAY ZE	e of Sarasota, inc.						
Principal Place of Business Maining Address					i (00)(09) (00 (03)) atali atu atu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
888 BLVD. OF THE ARTS SUITE 1908 SARASOTA FL 34236 888 BLVD. OF THE ARTS SUITE 1908 SARASOTA FL 34236 SARASOTA FL 34236					Date Incorporated or Qualified		
					10/01/1994	02/02/	
2. Principal Plac	ce of Business	2a. Ma'ling Addi	688		4. FEI Number		Applied For
1		26			65-0526271	SR.	Not Applicable 75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #	r, etc.		5. Certificate of Status Desired	LJ F	ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	LJ Ac	.00 May Be ided to Fees
Ζφ 24]	Country 25	Z _I p	30	ountry	8. This corporation has liability for Florida Statutes	intangible tax unde : \[\] No	rs 199.032,
24]	g. Name and Address of Cu			T	10. Name and Address of New I	Registered Agent	
EICHENBLATT, JUDITH 888 BLVD. OF THE ARTS SUITE 1908 SARASOTA FL 34236				83	ess (P.O. Box Number is Not Accepta		
						FL 85	Zip Code
11. Pursuant to or registere familiar 1, SIGNATUL,	Lander College	0502 and 607.1508, Floric Florida Such of ango was protion 607.0% rida	ß	bove named corpore corporation's boar		DATE	
12.	OF FICERS	S AND DIRECTORS	1		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
TITLE NAME STREET ADDRESS	EICHENBLATT, JUDITH 888 BLVD. OF THE ART SARASOTA FL 34236	S, Suite 1908	1	1 TITLE 2 NAME 3 STREET ADDRESS			ge Lj Addition
CHY-ST-ZIP THE NAME STREET ADDRESS	SANASOTA FL 34230	DĒ	LENE 2	4 CHY ST-24F 1 THUE 2 NAME 3 STHEET ADDRESS		☐ Chai	nge 🔲 Addition
City-SI-ZIP TITLE NAME STREET ADDRESS		Oi	ELFTE 3	4 CITY - ST - ZIP 1 TITLE 2 NAM: 3 STRUET ADDRESS		Cha	nge 🔲 Addition
CITY - ST - ZIP TILLE NAME STREET ADDRESS		D	ELETE 4	4 CITY - ST - ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		Cha	nge 🔲 Addition
CHY-ST ZIP THUE NAME STRECT ADDRESS		<u> </u>	FLETE 5	4 CHY SI-ZIF 1 TULE 2 NAME 3 STREEL ADDRESS		☐ Cha	inge 🔲 Addition
CITY ST-ZIF THEF NAME STREET ADDRESS			FLETE 6	6 4 CHY - ST - ZIF 1 THE 5 2 NAME 5 3 STREET ADDRESS		☐ Cha	inge 🔲 Addition

6.4 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 trusted 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.

SIGNATURE:

SIGNATURE:

SIGNATURE

941-366-3008