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

PROFIT CORPORATION ANNUAL REPORT



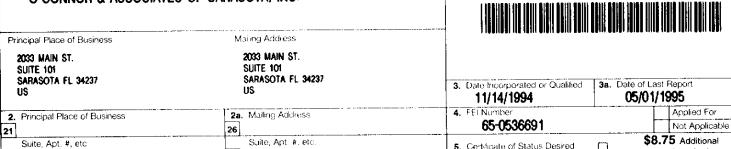
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000083290 (4) **DOCUMENT #**

O'CONNOR & ASSOCIATES OF SARASOTA, INC.



City & State		27			Fee Required		
					Election Campaign Financing Trust Fund Contribution Trust Fund Contribution St.00 May Be Added to Fees		
Zip	Country 25	Ζφ. 29	30	urtry	This corporation has liability for intangible tax under s 199:032. Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81 Name			
PFLUGNER, J. GEOFFREY 2033 MAIN ST. SUITE 101 SARASOTA FL 34237				82 Street Add	fress (P.O. Blox Number is Not Acceptable)		
				83			
				84 City	FL 85 Zip Code	_	

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes.

SIGNATURE	Styratine types or percell rane of majorice diagraphical facilities discuss and	th the Responsed Agent separative required v	Managerestating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, TERRY	1.2 NAME	
STREET ADDRESS	6525 S. TAMIAMI TRAIL,STE. C	1.3 STREET ADORESS	
CITY-ST-ZIP	SARASOTA FL	1.4 C(TY - \$1 - Z)P	
TITLE	DELETE	2 1 TIFLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS:	
CITY-ST-ZIP		24 CiTY-ST ZiP	
TITLE	DELETE	3 5 10°t E	Change Addition
NAME		3.2 NAME	
STREET ADORESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIF	
TITLE	☐ DELFIE	4 1 TIJLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		4.4.0 [↑-S]-Z P	
TITLE	DETELE	5 1 DTLE	Change Addition
NAME		5.2 NAME	
STREET ADORESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIF	
TITLE	DELETE	6 1 T TLF	Change Addition
NAME		6.2 NAMÉ	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY OF 71D		6.4 City - ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarly 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 13 if changed, or on an attachment with an address.

CR2E034 (12/95)