## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400086056 (6)

MOE OF SARASOTA, INC.

## FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			{	E NEVAN BUNYE KANDE MUNUN KUN 1884
3417 BELMONT BLVD 3417 BELMONT BLVD					}	
SARASOTA FL 34232 SARASOTA FL 34232				DO NOT WRITE IN THIS SPACE		HC CDACE
1	1				3. Date Incorporated or Qualified	115 SFACE
					11/22/1994	
2. Principal Place of Business   2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0534329	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,			J.		5. Certificate of Status Desired	\$8.75 Additional
27					Di Continuato di Citato Donico	Fee Required
City & Stat	e	City & State	/ & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip         Country         Zip		Z <sub>i</sub> p	Country			Added to Fees
24	<u> </u>	25 29 30			<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
- <del>11</del>	9. Name and Address of Cui		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		10. Name and Address of New Register	
CA	TES, GEORGE A		81	Name		
3417 BELMONT BLVD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34232						
ļ			83			
1			84	City		85 Zip Code
dd Dyggyngt	to the provisions of Continue 607	0502 and 607 1500 Florida Statu	too the shows	nomed see		L s 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
	m familiar with, and accept the of	digations of, Section 607.0505, Fi	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NO	F. Registered Agent	t signature requir	ed when reinstating) DA'	TE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE 1.17				☐ Change ☐ Addition
NAME	CATES, GEORGE A		1.2 NAME			;
STREET ADDRESS 3417 BELMONT BLVD		1.3 STREET ADDRESS		DORESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	}		Change Addition
NAME			2.2 NAME	ŀ		}
STREET ADDRESS	\$ <b> </b>		2.3 STREET A	- 1		
CITY-ST-ZIP	DELETE		2.4 CITY-ST	- ZIP		Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME	J		The principle The very registrals
STREET ADDRESS			3.2 NAME 3.3 STREET A	nnerce		
CITY-ST-ZIP			3.4. CITY-ST			İ
TITLE			4.1 TITLE	E//		Change Addition
NAME		<del></del>	4. 2 NAME			· · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET A	DDRESS {		
CITY-ST-ZIP			4.4 CITY-ST-	ſ		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ŀ		Í
STREET ADDRESS			5.3 STREET A	DORESS		
CITY-ST-ZIP			5.4 CITY-ST	ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			l
STREET ADDRESS			6.3 STREET A	DDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-	ZIP		

14. Thereby certify that the information supplied with this filling 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 changing or on an attachment with an address.

SIGNATURE

ele. Cato

4-18-98

2E034 (10/97)