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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500001057 (5)

H & H OF SARASOTA, INC.

FILED Jan 24 1997 8:00am Secretary of State



Principal Plac MARINA JACKS SARASOTA BA SARASOTA FL	Y FRONT	Mailing Address 7806 34TH CT E SARASOTA FL 34243-2866	· ·			-			
						3. Date Incorporated or Qualified 01/05/1995 3a. Date of Last Report 07/18/1996			aport
2. Principal P	Place of Business	26. Mailing Address	28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			4. FEI Number Applied For 65-0558701 Not Applicable			·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	to								
Ζφ 24	Country 25	Zip Country 29 30							
	9. Name and Address of Curr	ent Registered Agent			r	10. Name and Address of No	w Regis	tered Agent	
	ibree, Pamela			81	Name				
	B 34TH CT E. IASOTA FL 34243			82	Street Address (P.O. Box Number is Not Acceptable)				
****				63					
				84	City			FL 85 Zip C	Code
office of agent. I a SIGNATURE	to the provisions of Sections 607.01 registered agent, or both, in the Statem familiar with, and accept the oblining server upon procedures of registered. OFFICERS A					ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO		DATE	
TITLE	P	DELETE	1 1 TI	TLE				Change	Addition
NAME	HEMBREE, PAMELA	EMBREE, PAMELA		1.2 NAME					
STREET ADDRESS	7808 34TH CT E		1351	TREET	ADDRESS				
CITY-SI-7IF	SARASOTA FL 34243		1.4 CI	1.4 CITY - ST - ZIP					
THE	ST	DELETE	211	TLE				Change	Addition
NAME	HARING, WILLIAM		2.2 N	2.2 NAME					
STREET ADDRESS	120 MAPLE ST			2.3 STREET ADDRESS					
CITY-ST-ZIP	RAMSEY NJ 07446	AMSEY NJ 07446		2.4 CITY-ST-ZIP		44-W			
TITLE	Ì	☐ DELETE						Change	Modified Addition
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				Change	Addition
TITLE	_			4.1 TITLE 4. 2 NAME				□ CHRUĞE	Aquition
NAME									
STREET ADDRESS			1		ADDRESS				
City-St-7IP Title		DELETE	4.4 CITY 5.1 TITU		N - ZIP			Change	Addition
NAME		L. Vetere	5.1 H]			viia-igo	
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP									
TITLE	DELETE			54 City-St-ZiP 61 Title			<u></u>	Change	Addition
NAME			62 N		ľ			-	
STREET ACORESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
	-A			_	***************************************				

14. I do hereby 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 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 in phanged or on an attachment with an address.

SIGNATURE: