## 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** 

## FILED Jan 26 1998 8:00am Secretary of State

-	MENT # P950( ASSOCIATES OF SRQ, INC	• -			
Principal Place of Business Mailing Address					II <b>30</b> 118 18118 81161 8181 1881
S310 HUNTINGWOOD CT. SARASOTA FL 34235		5310 HUNTINGWOOD CT. SARASOTA FL 34235		DO NOT WRITE IN THIS	SDACE
				3. Date Incorporated or Qualified	JI AOL
7				03/13/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		28		65-0565402	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip 29	Country 30	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rrent year Intangible
<del></del> 1	9. Name and Address of Curr		11	10. Name and Address of New Registered	
BOEVE, GERALD L 81 Name					
5310 HUNTINGWOOD CT.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	<del> </del>
SARASOTA FL 34235			UZ SIIGELAGO	iress (1 box Humber is Not Acceptable)	
			83		
			84 City		85 Zip Code
				FL	. [ ]
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.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE					
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOEVE, GERALD L		1.2 NAME		
STREET ADDRESS	5310 HUNTINGWOOD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		1.4 CITY-ST-ZIP		
TITLE	D	DELET <b>e</b>	2.1 TITLE		☐ Change ☐ Addition
NAME	BOEVE, DONNA M		2.2 NAME		
STREET ADDRESS	5310 HUNTINGWOOD CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		• • • • • • • • • • • • • • • • • • •	3.4. CITY-ST-2IP		
TITLE		∐ DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		ר חברבוב	5.1 TITLE		Change Addition
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	12.	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Unongo (
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		with this files does not suclify to	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further of	

Treadby certify trial the information supplied with this filling does not quality 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 changed, won an attachment with an address.