

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031784 (8)

1. Corporation Name

MOREL OF SARASOTA, INC.



Principal Place of Business

Mailing Address

3809 S. TUTTLE AVENUE
SARASOTA FL 34239

3809 S. TUTTLE AVENUE
SARASOTA FL 34239

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65 0577092

Applied For

Not Applicable

22

Suite, Apt #, etc.

27

Suite, Apt #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENCHNER, JON W
3809 S. TUTTLE AVENUE
SARASOTA FL 34239

81

Name

CATHERINE EHINGER

82

Street Address (P.O. Box Number is Not Acceptable)

404 S. OSPREY AVENUE

83

84

City

SARASOTA

FL

85

Zip Code

34236

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, if applicable,

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LENCHNER, JON W
3809 S. TUTTLE AVENUE
SARASOTA FL 34239 ☐ DELETE

TITLE
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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

31

TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed for on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/96 941 927 8716

Date

Daytime Phone #

CR2E034 (3/96)