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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041707 (7)

SHORT STOP OF SARASOTA, INC.

Principal Place of Business

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



521 S ORANGE AVE SARASOTA FL 34236 US		521 S ORANGE AVE SARASOTA FL 34236-7501 US						
					 Date Incorporated or Qualified 05/26/1995 	3a. Date of Last 03/25/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 52	SO OKANGE AVE				59-3318006		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23 SARA	1507A FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 3423	f236 25 USA- 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No				
	9. Name and Address of Current I	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent		
SANTA CROCE, LEO				81 Name				
521 S ORANG AVE SARASOTA FL 34236			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL 85 Z	ip 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 extigations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Teo Jante		F 6			2017		
12.	Signary is typic or printed not be of registered higher OFFICE RS/AND		13.	ent signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTI	ORS IN 12	
TITLE	n Of For Name	DINECTORS	1 1 TITLE	·	ADDITIONS/CHANGES TO OTHE	☐ Chang		
NAME	AUTIONOOF 150		1.2 NAME	1				
STREET ADDRESS	521 SOUTH ORANGE AVENUE			T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-					
TITLE	D	DELETE	2.1 TITLE	V. 2/		☐ Chang	e Addition	
NAME	SANTACROCE, FRANCINE							
STREET ADDRESS	521 SOUTH ORANGE AVENUE			T ADORESS				
CHTY - ST - ZIP	SARASOTA FL 34236		2. 4 CITY	ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Chang	e Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			3.4. CITY	ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition	
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e Addition	
NAME			5.2 NAME					
STREET ADORESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-	ST-ZIP			ŀ	
TITLE		☐ DELETE	61 THLE			☐ Chang	e Addition	
NAME			6.2 NAME				İ	
STREEL ADDRESS			6.3 STREE	T ADDRESS			İ	
CITY-ST-7:P			6.4 CITY	ST-ZIP]	

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 of 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 chapter or on an attachment with an address.

SIGNATURE:

Daytime Phone #