

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000042405 (7)

1. Corporation Name:

MILLANN OF SARASOTA, INC.



Principal Place of Business

1858 RINGLING BLVD.  
SARASOTA FL 34236

Mailing Address

1858 RINGLING BLVD.  
SARASOTA FL 34236

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRODE, WILLIAM C  
720 S. ORANGE AVE.  
SARASOTA FL 34236

81. Name

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

83.

84. City

FL

85. 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.

SIGNATURE

Signature typed or printed name of registered agent and the filer (Applicable)

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D. DEITER GEBHARD  
1858 RINGLING BLVD.  
SARASOTA FL. 34236 D. VP. S.T.

☐ DELETE

TITLE  
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STREET ADDRESS  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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3.1 TITLE  
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3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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4.4 CITY-ST-ZIP

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5.1 TITLE  
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5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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5-15-96  
ja

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 941-365-4617

Date Date to be Filled

CR2E034 (12/95)