## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Aug 18 1997 8:00am

Secretary of State

941-251-0000

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500043145 (8)  THE MARRA LAW GROUP, A PROFESSIONAL ASSOCIATION					
I TE IMA	ANNA LAW GROOF, A PROF	ESSIONAL ASSOCIATIO	JN		
Principal Place	e of Business	Mailing Address			
800 8. OSPRE	· <b>Y</b>	-P.O. BOX 3647			
-SARASOTA PL	34236	SARASOTA FL 84290 9647_	-	DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/02/1995	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	2	4. FEI Number	Applied For
21 144	N. TAMIAMI TRAIL	26 SAME AS	2.	65-0584028	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Çity & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
237 SARAS	OTA FL	28		Trust Fund Contribution	Added to Fees
- ZB001	O 25 USA	Zip	Country	8. This corporation owes or has pa	
24 54 150		29 3	0	Personal Property Tax due June	
9. Name and Address of Current Registered Agent  MARRA, TERESA  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					Alistotan waaur
	<del>1890TA FL 342</del> 36		82 Street Addre		ble)
Ord.	VIOO IN 1 E 34200		83	17 12 1 1111111111111111111111111111111	
			84 City		BE Zin Code
			5	ARASO7A	FL 34243
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.					
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 reinstatung)  DATE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	DIRRIDENT	Change
NAME	MARRA, TERESA	•	1.2 NAME	teresa A. Marra	, 2004
STREET ADDRESS	800 S. OSPREY AVE.		1.3 STREET ADDRESS	7441 N. TAMIAM	
CITY-ST-ZIP	SARASOTA FL 34236	Dec. 516	1.4 CITY - ST - ZIP	SALASOTA FL	34243
TITLE		☐ DELFTE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 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-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	(1) to the state of the state o		5.1 TITLE 5.2 NAME		CT cutable C Vanidati
STREET ADDRESS		<i>'</i> .	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-ST-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		50. 103- 705 - J	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 a inval report or supplemental annual port is true and accurate and that my signature shall have the same legal effect as if made under oath; that					
information indicated on this emission supplies with his limit quality for the exempton stated in section 19.07(3)(i), Florida statutes. Florida control information indicated on this emission for supplemental annual/port 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 on the receiver or trustee empewared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on) in attachment with an address.					