

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000047561

1. Corporation Name  
35 S LEMON, INC.

Principal Place of Business Mailing Address  
35 S LEMON AVE 1193 COVILLE ST 35 S LEMON AVE 1193 COVILLE ST  
SARASOTA FL 34236 SARASOTA, FL 34242 SARASOTA, FL 34242

2. Principal Place of Business  
21 1193 COVILLE ST  
Suite, Apt. #, etc.  
22  
City & State  
23 SARASOTA, FL  
Zip Country  
24 34242 25 SARASOTA 29 34242 30 SARASOTA

2a. Mailing Address  
26 1193 COVILLE ST  
Suite, Apt. #, etc.  
27  
City & State  
28 SARASOTA, FL  
Zip Country  
29 34242 30 SARASOTA

|   |                                   |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified<br>06/16/1995   | Applied For<br>Not Applicable     |
| 4. FEI Number<br>65-0611346   | \$8.75 Additional<br>Fee Required |
| 5. Certificate of Status Desired<br>□   | \$5.00 May Be<br>Added to Fees    |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br>□  |                                   |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                   |

9. Name and Address of Current Registered Agent

PERINE, DOLORES A  
35 S LEMON AVE  
SARASOTA FL 34236

|    |  |                 |
|----|--|-----------------|
| 81 | Name   |                 |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1193 COVILLE ST |
| 83 |  |                 |
| 84 | City   | SARASOTA        |
| 85 | Zip Code   | 34242           |

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

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PERINE, DOLORES A                 | 1.2 NAME  |  |
| STREET ADDRESS             | 35 S LEMON AVE                    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SARASOTA FL 34236                 | 1.4 CITY-ST-ZIP                                       | 1193 COVILLE ST<br>SARASOTA, FL 34242  |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VENAFRO, MICHAEL G                | 2.2 NAME  |  |
| STREET ADDRESS             | 5342 MONTCLAIR PL                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SARASOTA FL                       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VENAFRO, DAVID                    | 3.2 NAME  |  |
| STREET ADDRESS             | 2114 HIBISCUS ST                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SARASOTA FL                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VENAFRO, LOUIS J                  | 4.2 NAME  |  |
| STREET ADDRESS             | 3613 BELMONT BLVD                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SARASOTA FL 34232                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Delores A. Perine* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone #

CR2E034 (11/98)