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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

THE REPORT OF THE PROOF BEAUTORIES AND A STATE OF THE PROOF OF THE PROOF OF THE PROOF OF THE PROOF

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069134 (1)

ACCESS UNLIMITED OF VENICE, INC.

Principal Place of Business Mailing Address						1 IDTIIDE: MA IDIAL BYIN ARIK BANK SANK BANK BURE EKKA 18121 HEAT ING BIAN 1021.
5550 BEE RIDGE RD 940 THE RIALTO E-4 VENICE FL 34285-3526						
SARASOTA FL US	34233					3. Date Incorporated or Qualified
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			65-0614705 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} 			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	├ ¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28	Cour	ato.		
24	25	29	30	n. y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 2 No
24	9. Name and Address of Current Registered Agent		100			10. Name and Address of New Registered Agent
JANI.	DA, FRANK		ĺ	81	Name	
5550 BEE RIDGE RD.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
	ASOTA FL 34233		ľ	O.E	Sileet Aut	dress (F.O. DOX Hulliper is Not Acceptable)
				83		
			}	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Statu	ites, the ab	ove	named co	rporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was	authorized	l by	the corpora	ation's board of directors. I hereby accept the appointment as registered
,	on rannial with and accept the ob-	igations of, Section 007.0005, Fi	ionda statt	JIG 5	•	•
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	TE: Registered	Age	nt signature req	puled when feinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	Janda, Frank		1.2 NA	ME		
STREET ADDRESS	5550 BEE RIDGE RD.		1.3 ST	REET	address	
CITY-ST-ZIP	SARASOTA FL 34233		1 4 CIT		T-ZIP	
TITLE	D	☐ DELETE	21 111			Change Addition
NAME	JANDA, JOAN M		2.2 NA			•
STREET ADDRESS	5550 BEE RIDGE RD.				ADDRESS	•
CITY-ST-ZIP			2.4 CI 3 1 T(T	_	ST-ZIP	Change Addition
NAME	JANDA, JAMES K		3.2 NA			CT change CT volucies
STREET ADDRESS	5550 BEE RIDGE RD.				ADORESS	•
CITY-ST-ZIP	SARASOTA FL 34233		3.4. Cf			
TITLE	D	DELETE	4.1 111			☐ Change ☐ Addition
NAME	EMIGH, GEORGE		4. 2 N/			······ • —
STREET ADDRESS	840 THE RIALTO		4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	VENICE FL 34285		4.4 CIT		i	
TITLE		☐ DELETE	5.1 TFT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY - ST - ZIP			5.4 Ci1		T-ZIP	
TITLE		☐ DELETE	6.1 TIT			Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
CHY-SI-ZIP	by ead furthal the information area	and with this filter does not are	6.4 CI			ad in Section 119 07/2V/) Florida Statuton Lituribas cartifu that the
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 cath; that						
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 eath; that I am an officer or director of the corporation or the receiver of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an adaptivent with an address.						