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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

1. Corporation	EL OF SARASO		Mailing Address	(4)							
1085 SHILO RD. SARASOTA FL 34240			1085 SHILO RD. SARASOTA FL 34240								
							3. Date Incorporated or Qualified 10/09/1995	3a. Date	of Last I	Report	
Principal Place of Business On the Place of Business			2a. Mailing Address 26			4. FEI Number 65 - 06 12879	- 		Applied For Not Applicable		
Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc. 27			5. Certificate of Status Desired		•	5 Additional Required		
Zip Country			City & State				Election Campaign Financing Trust Fund Contribution	ibution Added to Fees			
24	25	ddress of Current R	Zip Country 29 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
			Sector Agent		11	Name	10. Name and Address of New H	egistereo /	Agent		
BIGI, JANET L 1085 SHILO RD. SARASOTA FL 34240					2	Street Addre	ress (P.O. Box Number is Not Acceptable)				
					3						
				8	4	City		FI	85 .2	Zip Code	
11. Pursuant t	o the provisions of S	ections 607.0502 an	d 607.1508, Florida S	tatutes, the above	J P-na	amed corpora	tion submits this statement for the purp	oose of cha	L	registered office	
familiar wit	th, and accept the ol	bligations of, Section	607.0505, Florida Stat		rpo	oration's board	tion submits this statement for the purple of directors. I hereby accept the appo	intment as	registere	d agent. I am	
	Stynature, typed or printed r	name of registered agent and	it e 1 applicable.	(NOTE: Registered Ac	jent	signature required	when reinstating)	DATE			
12.	DP	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
TITLE	BIGI, JANET		☐ DELETE		1. 1 TITLE			Ε] Change	Addition	
NAME	1085 SHILO F	Nn.		1.2 NAME							
STREET ADDRESS	SARASOTA FI					ADDRESS					
CITY - S1 - ZIP TITLE	DV	L 04240	☐ DELETE	14 City		-ZIP					
NAME	SMITH, DELIC	A.I		2 1 THTL]		L) Change	☐ Addition	
STHEET ADDRESS	1085 SHILO F				2.2 NAME 2.3 STREET ADDRESS						
CiTY-ST-7IP	SARASOTA FI		1		2.4 CITY-ST-ZIP						
TITLE			DELETE	3. 1 T(fL)		- ZIP			7 Change	Addition	
NAME			-	3.2 NAMI				<u> </u>	J Unange		
STREET ADDRESS				3 3. STRE		ADDRESS					
CITY-ST-ZIP				3.4 City							
TITLE			DELETE	4 1 THILI					Change	Addition	
NAME				4.2 NAME						l	
STREFT ADDRESS				4.3 STRE	T A	DDRESS					
CITY - ST - ZIP				4.4 CITY	12	- ZIP					
11TLE			☐ D£LETE	5 1 1111] Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE		.					
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CITY-		ZIP					
NAME				6 1 TITLE] Change	☐ Addition	
STREET ADDRESS				6.2 NAME		DD0550					
CITY-SI-ZIP				6 3 STREE						j	
	certify that the infor	mation supplied with	this filing is voluntarily	6.4 City- furnished and do	SI-	not qualify for	the exemption stated in Section 119.0	7/3)/k) Elori	ida Statur	toe 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.

SIGNATURE: Ze

DELLA SMITH
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 1986 941-342-9291