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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000080397** (9)

DANIEL SAGAN, ARCHITECT, P.A.

Principal Prace of Business

Mailing Address

FILED Jan 23 1997 8:00am Secretary of State



1256 RIEGEL'S LANDING DRIVE SARASOTA FL 34242		1256 RIEGEL'S LANDING DRIVE SARASOTA FL 34242-1780						
					3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report 04/08/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address					plied For
21		26	26				No	ot Applicable
Suite, Apt #, etc		Suite, Apt. #, etc	Suite, Apt. #, etc			\$8.75 Additional Fee Required		
City & Sta	de	City & State			6. Election Campaign Financing		\$5.00	
23	Country	28	Countr		Trust Fund Contribution	<u> </u>	Added t	***************************************
Ζφ 24	25 29 30			Florida Statutes Yes No				
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	gan, daniel		81	Name				
1256 RIEGEL'S LANDING DRIVE SARASOTA FL 34242				Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
O/A	MOOINTEGREE		83	1	· · · · · · · · · · · · · · · · · · ·			
			84	City		FL	85 Zip (Code
11. Pursuan office or agent 1	it to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7,0502 and 607,1508, Florida Statu State of Florida. Such change was obligations of, Section 607,0505, F	ites, the above authorized to lorida Statute	re-named corpora by the corpora es.	rporation submits this statement for the patient's board of directors. I hereby accept	ourpose of control of the appoin	nanging it itment as	s registered registered
SIGNATURE								!
	Signature, typed or printed name of registe			jent signature requ	uired when reinstating)	DATE		0.11
12.		S AND DIRECTORS DELETE	13.	Г	ADDITIONS/CHANGES TO OFFIC		Change	S IN 12
TITLE	DPST	C Denete		1		L.) Change	Monition
NAME	SAGAN, DANIEL	DONE	1.2 NAME					
STREET ADDRESS		DRIVE		T ADDRESS				
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TITLE		☐ DELETE	2 1 TITLE	1		L	_ Change	Addition
NAME			2.2 NAME	ĺ				ı
STREET ADDRESS	,			T ADDRESS				
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NAME	1		3.2 NAME	- 1				
STREET ADDRESS	i 1			T ADDRESS				
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TITLE		☐ DELETE	4.1 TITLE			L	Change	Addition
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CITY-ST-ZIF			4.4 CITY	ST-ZIP	***************************************		-	
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NAME			5.2 NAME					
STREET ADDRESS	}		53 STREE	T ADDRESS				
CITY: ST: 7/P			5.4 CiTy-					
THILE		DELETE	61 TITLE	1		L.] Change	Addition
NAME			62 NAME					
STREET ADDRESS	5		6.3 STREE	T ADDRESS				
C-TY - ST - ZIP			6 A CITY	ST. 7IP				

14. Loo 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 oath; that I am an officer of 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.

DANIEL S. SAGAN

SIGNATURE:

PRESIDENT

1-14-97

941-349-1205

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #