

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000090651 (7)** N/C 1/16/97
1. Corporation Name
SUNSET LODGE INC. → NOW J. BAINES INC

Principal Place of Business 3400 SOUTH TAMiami TRAIL, SUITE 303 SARASOTA FL 34239	Mailing Address 3400 SOUTH TAMiami TRAIL, SUITE 303 SARASOTA FL 34239-8023
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3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 09/23/1996
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2. Principal Place of Business 21 1631, STICKNEY POINT ROAD Suite, Apt. #, etc. 22 APT 18 City & State 23 SARASOTA, FLORIDA Zip 24 34231 Country 25 U.S.A.	2a. Mailing Address 26 1631 STICKNEY POINT RD Suite, Apt. #, etc. 27 APT 18 City & State 28 SARASOTA, FLORIDA Zip 29 34231 Country 30 U.S.A.
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4. FEI Number 65-0631483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JAENSCH, PETER J
3400 SOUTH TAMiami TRAIL, SUITE 303
SARASOTA FL 34239**

10. Name and Address of New Registered Agent
81 Name **JOAN M. BARBER**
82 Street Address (P.O. Box Number is Not Acceptable)
APT 18 (1631 STICKNEY POINT ROAD)
83 **SARASOTA**
84 City **FLORIDA** FL 85 Zip Code **34231**

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BARBER, JOAN MARGARET
STREET ADDRESS	1785 DAWN STREET
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> DELETE
NAME	GROVES, ALAN
STREET ADDRESS	1785 DAWN STREET
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P. + D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBER, JOAN MARGARET
1.3 STREET ADDRESS	1631, STICKNEY POINT RD,
1.4 CITY-ST-ZIP	SARASOTA, FL, 34231
2.1 TITLE	V.P. + D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GROVES, ALAN
2.3 STREET ADDRESS	1631 STICKNEY POINT RD
2.4 CITY-ST-ZIP	SARASOTA, FL, 34231
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan M. Barber 4-8-97 922 8839

CR2E034 (9/96)