


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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <b>SIESTA PROPERTIES, INC.</b>			
Principal Place of Business <b>7350 SOUTH TAMIANI TRAIL # 253 SARASOTA, FL 34231</b>		Mailing Address <b>7350 S. TAMIANI TRAIL # 253 SARASOTA, FL 34231</b>	
2. Principal Place of Business 21 <b>SAME ABOVE</b>		2a. Mailing Address 26 <b>SAME ABOVE</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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	
11 TITLE NAME STREET ADDRESS CITY, ST, ZIP <b>JEFFREY G. SPRAGENS P 7350 S. TAMIANI TRAIL #253 SARASOTA, FL 34231</b>		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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; that 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:



JEFFREY G. SPRAGENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-387-9195

CR2E034 (9/96)