

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000096374 (0)

1. Corporation Name
SIESTA PARTNERS, INC.



Principal Place of Business 4154 KINGSTON WAY SARASOTA FL 34238	Mailing Address 7421 S. Serenoa Dr. SARASOTA FL 34238-2634
---	--

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 03/08/1996
4. FEI Number 65-0632707	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7421 S. Serenoa Dr. Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 34241	2a. Mailing Address 26 7421 S. Serenoa Dr. Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34241
--	---

9. Name and Address of Current Registered Agent

SCOTT, STUART K
4154 KINGSTON WAY
SARASOTA FL 34238 (change address only)

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
	7421 S. Serenoa Dr.		Sarasota FL	34241

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 type for printed name of registered agent and state if applicable

STUART SCOTT

(NOTE: Registered Agent signature required when reinstating)

1-12-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SCOTT, STUART K	
STREET ADDRESS	4154 KINGSTON WAY	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE	D	DELETE
NAME	SCOTT, PAMELA M	
STREET ADDRESS	4154 KINGSTON WAY	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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: Pamela M. Scott Pamela M. Scott

1-12-97 941-922-5409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)