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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertkam ¹

FILED

Jun 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014529 (7)

SUNTAN TERRACE CORPORATION

			· · · · · · · · · · · · · · · · · · ·						
Principal Place of Business Mailing Address						I IMBINADI 148 48112 DIRI ABIN 2641 ABIN	42:8: 1:01: \$369)	#1118	1911 1881
% SUNTAN TERRACE BEACH RESORT 117 CASEY KEY ROAD NOKOMIS FL 34275		117 C/	% Suntan Terrace Beach Resort 117 Casey Key Road Nokomis Fl 34275-3304						
	,					3. Date Incorporated or Qualified 02/15/1996	3a. Date of	of Last Re	eport
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number		Ap	plied For
21		26				65-06437 84		No	t Applicable
Suite, Apt.	#, etc.	27 St	ite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A Fee Re	Additional quired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zi	р	Count	ry	8. This corporation has liability for i	ntangible tax	under s.	199.032
	25	29		30			Yes 🔲 N		
	g. Name and Address of Curre	nt Register	ed Agent			10. Name and Address of New Re	gistered Age	nt	
SILB	erstein, david m			В	Name				
720 S. ORANGE AVENUE SARASOTA FL 34236				8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
"•"				8	3				
				-					
				8	4 City		FL	S Zip (Joae
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 ag	ent and title if an	plicable (NO	TE Registered A	gent signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AN		·	13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE		cretar		1.1 TITLE				Change	Addition
NAME	SANDOR B DOBR			1.2 NAMI	=				j
STREET ADDRESS	117 Casey key Rd.	• •		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	Vokomi's FL. 342	7.5		1.4 CITY	F				1
TITLE			DELETE	2.1 TITLE				Change	Addition
NAME	Treasurer	LP W.		2.2 NAM			_		
STREET ADDRESS	ANNA MARIA DO	3K-14			ET ADDRESS	•			i
	Treasurer ANNAMAKIN DOL 117. Casey Key Kd. Nokomus FL. 34	27.5		2.3 3 ML					
CITY-ST-ZIP TITLE	NAKOMUS TZ LA L	<u>~ (9</u>	DELETE	3.1 TITLE		 		Change	Addition
NAME				3.2 NAM					
STREET ADDRESS				1	FT ADDRESS				
				H	· ST · ZIP				
CITY-ST-ZIP TITLE			☐ DELETÉ	4.1 THTLE			П	Change	Addition
NAME				4. 2 NAM	ŀ		_		
STREET ADDRESS				H	E1 ADDRESS				
1				H					
TITLE			DELETE	4.4 CITY 5.1 TITLE			····	Change	Addition
į į			Section	li li			.	2uyv	
NAME DEDECT ADDRESS				5.2 NAM					
STREET ADDRESS				H	ET ADDRESS				
CITY-ST-ZIP			Louists	5.4 CITY		· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE			☐ DELETE	6.1 TITLE				Change	☐ ¥0000001
NAME				6.2 NAM					
STREET ADDRESS				63 STRE	ET ADDRESS				

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.