

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000016015 (5)**

1. Corporation Name

BEVERLY HILLS OF SARASOTA INC.



Principal Place of Business **4562 FRIAR TUCK LN**
2420 BEE RIDGE RD SUITE C
SARASOTA FL 34230
34232

Mailing Address **PO Box 3647**
2420 BEE RIDGE RD SUITE C
SARASOTA FL 34230
34230-3647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4562 FRIAR TUCK LN Suite, Apt. #, etc. 22 SARASOTA FL City & State 23 SARASOTA FL Zip 24 34232 Country 25 SARASOTA		2a. Mailing Address 26 P.O. Box 3647 Suite, Apt. #, etc. 27 SARASOTA FL City & State 28 SARASOTA FL Zip 29 34230-3647 Country 30 SARASOTA		3. Date Incorporated or Qualified 02/15/1996
4. FEI Number 65-0649018		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GOOD, GLORIA 2420 BEE RIDGE RD SUITE C SARASOTA FL 34230 34230-3647		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	* President - Secretary - Treasurer
NAME	GOOD, GLORIA	1.2 NAME	GLORIA GOOD
STREET ADDRESS	2420 BEE RIDGE RD SUITE C	1.3 STREET ADDRESS	4562 FRIAR TUCK LN
CITY-ST-ZIP	SARASOTA FL 34230-3647	1.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	* Gloria Good has always been the only officer. This reflects
STREET ADDRESS		2.3 STREET ADDRESS	the address of the office.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Gloria Good, President** **GLORIA GOOD**
PRESIDENT 1-17-98 941-391-8739

CR2E034 (1097)