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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOOACOAC

Corporation	'S. BUTTON, P.A.	0040249							
Principal Place of Business Mailing Address							i i i i i i i i i i i i i i i i i i i	111 A1811 navia ivais a	1818 1811 1881
766 HUDSON AVE #A SARASOTA FL 34236 766 HUDSON AVE #A SARASOTA FL 34236							DO NOT WRITE IN TH	IIS SPACE	
						3. 1	Date Incorporated or Qualifed		
							04/30/1996		
2. Principal Place of Business 2a. Mailing Address							FEI Number	App	lied For
21	26					<u>65-0663597</u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5	Certifcate of Status Desired	\$8.75 A	
22		27					Octations of plants position	Fee Red	uired
City & State		- City & State 28	·		، وسيد .	1	Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip	Country	Zip .	Cou	ntry		8.	This corporation owes the current year		_
24	25	29	30				Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		- T		10.	Name and Address of New Register	ed Agent	
BUTTON, JEFFREY S				81 82	Name Street Add	lress (P.	O. Box Number is Not Acceptable)	 	
766 HUDSON AVE Suite A								····	
SARASOTA FL 34236				83					
				84	City			85 Zip C	
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was a lations of, Section 607.0505, Flor	es, the al uthorized rida Statu	bove by t utes.	-named corp the corporati	poration ion's boa	submits this statement for the purpose and of directors. I hereby accept the ap	of changing its i pointment as reg	egistered istered
SIGNATURE		A A Maria Managaraha (NOTE	Pagistand	Acon	t signatura require	en nedwhen re	instating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			Registered Agent signature required 13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P . DELETE			1.1 TITLE				Change	Addition
NAME	BUTTON, JEFFREY S			1.2 NAME					
STREET ADDRESS	766 HUDSON AVE #A		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CI	TY+ST	r-ZIP				
TITLE		☐ DELETE	2.1 TIT					Change	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				{
CITY-ST-ZIP			. 2. 4 C	ITY-S	T-ZIP				· ÷ .
TITLE	☐ DELETE		3.1 भ	3.1 TITLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS	·		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	лу- <u>s</u>	T-ZIP				_ ****
TITLE		☐ DELETE	4.1 TIT	πE				Change	☐ Addition
NAME			4. 2 N	AME			•		
STREET ADDRESS	·		4.3 ST	REET	ADORESS				
CITY-ST-ZIP			4.4 CI	TY-ST	r-żip				
TITLE		☐ DELETE	5.1 TT					Change	☐ Addition
NAME (5.2 NA						
STREET ADDRESS	,		5.3 ST	REET	ADDRESS				

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

EQUIRED

DELETE

Change

☐ Addition