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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-51-74F

STREET ADDRESS

STREET ADDRESS €/TY - \$1 - 7/P

STREET ADDRESS

CITY-ST-7P

THEF NAME

THUE

NAME

TITLE

NAME



DOCUMENT # P96000054215 (4)

FLORIDA DEPARTMENT OF STATE

Santira B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 22 1997 8:00am Secretary of State

SPEAKER SADDLE, INC. Principal Place of Business Mailing Address 100 WALLACE AVENUE SUITE 380 SARASOTA FL 34237 SARASOTA FL 34237-6043					
2. Principal F	Place of Business	2a, Mailing Address		3. Date Incorporated or Qualifi 06/26/1996 4. FEI Number	Applied For
21		26		DPPLIED FE	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ю	City & State		Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,
24 -	25	29	30	Florida Statutes	Yes No
	 Name and Address of Co RD, MERRILL, CULLIS. TIMM 		61 Nam	10. Name and Address of Nev	v negistered Agent
2033 MAIN STREET SUITE 600 SARASOTA FL			82 Stree 83	Address (P.O. Box Number Is Not Acce	Creek Dr.
			84 City	SARABOTA	FL 85 70 COO 35
11. Pursuant office or i agent 1 a	Melen	VM. Belle		od corporation submits this statement for orporation's board of directors. I hereby a	
	Signal in Typed of printed name of register			ure required when reinstating)	FFICERS AND DIRECTORS IN 12
12.	D	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO C	Change Addition
NAME	BELLE, MICHAEL		1.2 NAME		Charge End Political
STREET ADDRESS	BELLE, MICHAEL 100 WALLACE AVENUE, S	SUITÉ 34237	1.3 STREET ADDRES	s	
CITY - S1 - ZiP	SARASOTA FL 34237		1.4 CITY-ST-ZIP		
TITLE	***************************************	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRES	s	ĺ
Cilly-St-ZIP			2.4 CITY-ST-ZIP		: :
TITLE	1	☐ DELET E	3.1 TITLE		Change L Addition

6.4 CITY-ST-ZIP C(1Y-\$1-Z)P 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 path; that I am an officer or director of the purporation 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 Bl

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

34. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATUR

Change

Change

Change

Addition

Addition

Addition