FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 28 1997 8:00am
Secretary of State

DOCUMENT # **P96000068790 (0)**

1. Corporation Name
SARASOTA SPECIALTY CONSULTANTS, INC.

[redacted]

Principal Place of Business	Mailing Address
1219 EAST AVENUE SOUTH #301 SARASOTA FL 34239	1219 EAST AVENUE SOUTH #301 SARASOTA FL 34239

3. Date Incorporated or Qualified: 08/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 5741 Bee Ridge Rd.
Suite, Apt. #, etc.
22: 570
City & State
23: Sarasota FL 34233
Zip: 24: 34233
Country: 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 65-0698897
Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOEFER, RICHARD W
1219 EAST AVE., SOUTH
SUITE 301
SARASOTA FL 34239

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

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(s) typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 13.)	
TITLE	D	☐ DELETE	1.1 TITLE	500002281838—1 ☐ Addition
NAME	BARZELL, WINSTON E		1.2 NAME	-08/29/97--01112--009
STREET ADDRESS	1921 WALDEMERE STREET #310		1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITMORE, WILLET F III		2.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET #310		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TREIMAN, ALAN R		3.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET #310		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUNNE, EDWARD F		4.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET #310		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BREGG, KENNETH J		5.2 NAME	
STREET ADDRESS	1921 WALDEMERE STREET #310		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOEFER, RICHARD W		6.2 NAME	
STREET ADDRESS	1219 EAST AVENUE SOUTH #301		6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		6.4 CITY-ST-ZIP	

A. Alan 8/28/97

CR2E024 (9/96)

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: 8/26/97 2-26-97 (941) 365-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Sarasota Specialty Consultants
5741 Bee Ridge Rd. # 570
Sarasota, FL 34233

Dept. of State
Div of Corporations
PO Box 6327
Tallahassee, FL 32314

REF #697A00011872

To Whom It May Concern:

I have enclosed a copy of the original document that we submitted on 2-26-97 along with our check #1061 for $165.00. According to your records you returned the form to us on 3-7-97 because we failed to file in item # 4. We did not receive that letter!! We assumed that everything was inorder until I received anotherAnnual packet marked Second Notice.

I called your office today and since I have a copy of the original form, I have filled in Item #4 and am submitting this to you. We are not sure what happen to our check # 1061 for $165.00. Therefore we are sending another check. The person I talk today informed me to write a letter and explain the circumstances that we never received the letter of 3-7-97 and resubmit the forms. We hope that we do not get penalized due to fact that we did not realized there was a problem with our original filing.

Please contact me if there is a problem with this report.

Sincerely,

Debbie Orth

Debbie Orth,LPN