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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000073742 (4)

THE BACH GROUP OF SARASOTA. INC.

appears in Block 12 or Block 13 if changed, or

SIGNATURE AND TYPED OR PRUT

SIGNATURE:

Mailing Address Principal Place of Business 677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD SUITE 10 SUITE 10 SARASOTA FL 34236-4241 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1991 Main Street 1991 Main 25-0691510 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 116 City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees Sarasota 8. This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Yes No Florida Statutes Name and Address of New Registered Agent 81 NOLE, JOHN **677 NORTH WASHINGTON BLVD** odress (P.O. Box Number is Not Acceptable) 82 SUITE 10 Majn 83 SARASOTA FL 34236 84 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. ered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE THILE NOLE, JOHN NOLE JOHN 1.2 NAME NAME Ste 116 **677 NORTH WASHINGTON BLVD** 1991 Mainst 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 34236 CITY - \$1 - 7:P 1.4 CITY - ST - ZIP DELETE 21 TITLE THE 2.2 NAME ul Medrano NAME 2.3 STREET ADDRESS STREET ADDRESS 1991 main 31. 2.4 CITY-ST-ZIP CITY - \$1 - ZiP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME 4.3 STREET ADDRESS SUBSET ADDRESS 4.4 CITY - ST- ZIP CHTY - ST - ZIP TIME DELETE Change ___ Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACIDRESS 54 CITY-ST-ZIP CITY - ST - ZIF Addition DELETE Change TITLE 61 TITLE NAMÉ 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP Too 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nent with an address

Date

Davime Phone #