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

Mailing Address

1999 LINCOLN DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081558 (4)

ST. ARMANDS REALTY, INC.

Principal Place of Business

1999 LINCOLN DRIVE

ACKERMAN, GAR 1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provision office or registered ager agent. Land familiar with,	Country S	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 eglstered Agent	Count 30 8	ry	3. Date Incorporated or Qualified 99/30/1996 4. FEI Number Applied For Not Applied For Not Applied For Selection Campaign Financing Trust Fund Contribution Selection Selection Selection Campaign Financing Added to Fees
Suite, ApI #, etc. City & State Zip ACKERMAN, GAR 1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provisor office or registered ager agent. Lam familiar with, SIGNATURE Signature systed or	Country S	26 Suite, Apt #, etc. 27 City & State 28 Zip 29	30	гу	59-3409584 Not Applicat 5. Certificate of Status Desired Status Desired 6. Election Campaign Financing \$5.00 May Be
Suite, Apl. #, etc. 2 City & State 3 Zip 4	Country Country	Suite, Apt #, etc. 27 City & State 28 Zip 29	30	гу	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
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9. Name ar 9. Name ar ACKERMAN, GAR 1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provision office or registered ager agent I am familiar with, SIGNATURE Signature system of the provision office or registered ager	nd Address of Current Relayed	29	30	ry	
9. Name at ACKERMAN, GAR 1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provision office or registered ager agent I am familiar with, SIGNATURE Signature typicd or	nd Address of Current R Y D RIVE 236	The second secon			8. This corporation has liability for intangible tax under s. 199.032,
ACKERMAN, GAR 1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provision office or registered ager agent I am familiar with, SIGNATURE Signature typed or	Y D Rive 236	egistered Agent	8		Florida Statutes Yes No 10. Name and Address of New Registered Agent
1999 LINCOLN DE SUITE 202B SARASOTA FL 34 11. Pursuant to the provision office or registored ager agent. Lans familiar with, SIGNATURE	236		٦	1 N	Name
SUITE 202B SARASOTA FL 34 11. Pursuant to the provisor office or registered ager agent I am familiar with, \$IGNATURE Signature typed or	236		la service de la	V. Namo	
SARASOTA FL 34 11. Pursuant to the provisor office or registered ager agent I am familiar with, \$IGNATURE			82 Street Ac		Street Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provision office or registered agen agent. I am familiar with, SIGNATURE Signature typed or				3	
office or registered ager agent. I am familiar with, SIGNATURE Signature typed or					
office or registered ager agent. I am familiar with, SIGNATURE Signature typed or				4 0	City 85 Zip Code
office or registered ager agent. Lam familiar with, SIGNATURE Signature typed or	is of Sections 607,0502 at	nd 607 1508. Florida Stat	tutes the abo	ve-na	permed correction submits this statement for the nurses of changing its registers
					he corporation's board of directors. I hereby accept the appointment as registered
	pented name of registered agent an OFFICERS AND D		OTE Hegislered A	igent si	signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
			11 TITLE		Change Addition
AME ISTATION	ARA ACKERIN INCOLN DR.	670	12 NAMI		
STREET ADDRESS / 1979 67	INCOLN LK.	JUINE 2026	1.3 STRE	ET ADE	DORESS
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	som Pl. 39	DELETE	2. 4 CITY		ZIP Change Additi
TULE NAME		ר"ו מנדבוב	3.1 TITLE 3.2 NAMI		L Charge L Aubiti
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		E-J DCLLIE	6.2 NAMI		To charge Numin
NAME STREET ADORESS			6.3 STRE		nnpres
CITY: ST-76	()		6.4 CiTY		
14. I do hereby certify that the			alify for the ex		
 information indicated on Lam an officer or directo 		niomental annual report is			ption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the
appears in Block 12 or E	this annual booth or come	receiver of trustee empl	s true and act owered to exe	Curat	to and that my clanature chall have the same lengt effect as if made under noth: I
SIGNATURE:	this annual booth or come	receiver of trustee empor an altachment with an a	s true and act owered to exe address.	Curat	