

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000093158 (9)**

1. Corporation Name

BDR OF SARASOTA INC.

Principal Place of Business

**6455 GATEWAY AVENUE
SARASOTA FL 34231**

Mailing Address

**6455 GATEWAY AVENUE
SARASOTA FL 34231**

FILED
Sep 11 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
4. FEI Number 65-0719587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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, 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 12	
TITLE	NAME	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	1.2 NAME	Robert N Volmering	
CITY-ST-ZIP		1.3 STREET ADDRESS	6455 Gateway Ave	
		1.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	NAME	2.1 TITLE	VP Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	2.2 NAME	Rodney McClellan	
CITY-ST-ZIP		2.3 STREET ADDRESS	6455 Gateway Ave	
		2.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	NAME	3.1 TITLE	VP Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	3.2 NAME	David Meadows	
CITY-ST-ZIP		3.3 STREET ADDRESS	6455 Gateway Ave	
		3.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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: *Robert N. Volmering*

9/10/97 941-972-1511

CR2E034 (4/97)