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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000093158 (9) DOCUMENT # 1. Corporation Name

BDR OF SARASOTA INC.

FILED Apr 15 1998 8:00am Secretary of State



### Address ### AVENUE SARASOTA FL 34231 ### AVENUE SARASOTA FL 34231 ### DO NOT WRITE IN THIS SPACE Column										
SARASOTA FL 94291 2. Principal Place of Business 2. A Mailing Address 3. Date incorporated or Qualified 11/12/1896 2. Principal Place of Business 2. A Mailing Address 3. Date incorporated or Qualified 11/12/1896 3. Date incorporated or Qualified 11/12/1896 4. FEI Number Solido, Apr. #, etc. City & State 2. City & State 3. City & State	Principal Place of Business Mailing Address							TO HILD HIDSE ON	El 1811 1831	
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9. Name and Address of Current Registered Agent VOLMENNG, ROBERT N 6455 GATEWAY AVENUE SARASOTA FL 34231 181 Name 455 GATEWAY AVENUE SARASOTA FL 34231 183 46 City 46 City 47	23									
S. Name and Address of Current Registered Agent VOLMERNO, ROBERT N 445 GATEWAY AVENUE SARASOTA FL 34231 82 Street Address (P.O. Gox Number is Not Acceptable) 83 44 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. I cert both, in the State of Florida Such change was sufferized by the corporation's board of directors. I hereby accept the suppointment as registered agent. I cert administ with, and except the disappoint of Such change was sufferized by the corporation's board of directors. I hereby accept the suppointment as registered agent. I cert administ with, and except the obligation of Such changing its registered agent. I cert administ with, and except the obligation of Such change was sufferized by the corporation's board of directors. I hereby accept the suppointment as registered agent. I cert administ with, and except the suppointment as registered agent. I cert administ with a statement for the purpose of changing its registered agent. I cert administ with a registered administration of the purpose administration of the purpose of changing its registered administration. I cert administration of the purpose of changing its registered administration of the purpose of changing its registered administration. I cert administration of the purpose of changing its registered administration. I cert administration of the purpose of cert administra	<u> </u>				Country	of This delpotation areas of the part the definite year manages				
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845 GATEWAY AVENUE SARASOTA FL 34231 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607.0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the supportment as registered agent, and accept the obligations of Socions 607.0506, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 NAME VOLMERING, ROBERT N SIRRET ADDRESS 43. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 44. CITY-ST-2P 44. CITY-ST-2P 45. GATEWAY AVE 23. SIRRET ADDRESS 44. CITY-ST-2P 45. SARASOTA FL 10. Change Addition 10.	Bd Mana									
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### City ### Statement to the provisions of Soctores 607.0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Statutes. ### State of Florids Statutes ### Statutes ### State of Florids Statutes ###						Stieet Add	iss (P.O. Box Number is Not Acceptable)			
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11. Pireuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutor, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature, Speaker, Speaker of Section 607 0505, Florida Statutes. SIGNATURE Signature, Speaker of Section 607 0505, Florida Statutes. (NOTE Registered Agent signature returned when relinations) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE VP. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					84	City		85 Zip (Code	
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12.	SIGNATURE	Standard broad or printed name of registered a	goot and tills if applicable	(NOTE: Book	stored An	no signature requi	ired when reinstation). DATE	··		
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		certify that the information supplied	with this filing does r				Section 119.07(3)(i), Florida Statutes. I further or	ertify that the	information	

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Q41-977-1711