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PROFIT CORPORATION ANNUAL REPORT

1999

SARASOTA REALTY GROUP, INC.



DOCUMENT # **P96000096418**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

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21 26 65-0767327 Not Applie  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired Fee Required  City & State City & State City & State City & State Zip Country C	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
4134 GULF OF MEXICO DRIVE SUITE 302. HARBOR SQUARE LONGBOAT KEY FL 34228  LONGBOAT KEY FL 34228  2a. Mailing Address 2b. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 2f. City & State 2f. City & State 2f. Country 2f.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
SUITE 302. HARBOR SOUARE LONGBOAT KEY FL 34228  SUITE 302. HARBOR SOUARE LONGBOAT KEY FL 34228  2. Principal Place of Business 3. Date Incorporated or Qualifed 11/26/1996  4. FEI Number 65-0767327  Not Applied F Fee Required Fee Required Fee Required City & State 2. Principal Place of Business 3. Date Incorporation or Qualifed 11/26/1996  4. FEI Number Fee Required Fee Req	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
3. Date Incorporated or Qualifed 11/26/1996  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0767327 Not Applied F Suite, Apt. #, etc.  Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State City & State  City & State  Zip Country Zip Country Zip Country Added to Fees Zip Personal Property Tax.  9. Name and Address of Current Registered Agent  MURRAY, TAD  3. Date Incorporated or Qualifed 11/26/1996 4. FEI Number 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Xip Personal Property Tax. Yes Xiv No 9. Name and Address of Current Registered Agent  MURRAY, TAD	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
2. Principal Place of Business 4. FEI Number 65-0767327  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State 28  Zip Country Zip Country Zip Country 30  8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent  MURRAY, TAD	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
2. Principal Place of Business 2a. Mailing Address 2b. G5-0767327  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  21  22  30  30  Suite, Apt. #, etc.  Country  24  25  29  30  4. FEI Number  65-0767327  Solve Apt. #, etc.  5. Certifcate of Status Desired  Fee Required  Fee	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
21 26 65-0767327 Not Applie  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired Fee Required  City & State City & State  City & State	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  30  30  Personal Property Tax.  Yes  And  Yes  No  Name and Address of New Registered Agent  MURRAY, TAD	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
Solution Campaign Financing   Solution Campaign Financing   Solution Campaign Financing   Solution Campaign Financing   Solution Fee Required	\$5.00 May Be Added to Fees
City & State  Country  Country  Country  Endowment of the current state of the current	\$5.00 May Be Added to Fees
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes the current year Intengible  Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  MURRAY, TAD  Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intengible Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent  MURRAY, TAD  8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	ngible
24 25 29 30 Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  MURRAY, TAD  81 Name  81 Name	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name  MURRAY, TAD	
MURRAY, TAD	
	<b>9</b>
SUITE 302, HARBOUR SQUARE	
LONGBOAT KEY FL 34228	
84 City FL 85 Zip Code	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 register.	nanging 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	ment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	J
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 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	<del></del>
	DIRECTORS IN 12
NAME MURRAY, TAD 1.2 NAME	
STREET ADDRESS 4134 GULF OF MEXICO DRIVE, STE 302 1.3 STREET ADDRESS	
COTY ST ZIR HARBOR SOLIARE FL 34228	
CITY-ST-ZIP HARBOR SQUARE FL 34228 1.4 CITY-ST-ZIP Change A	☐ Change ☐ Addition
TITLE   DELETE 2.1 TITLE   Change   A	☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         2.2 NAME	☐ Change ☐ Addition
TITLE DELETE 2.1 TITLE Change A  NAME STREET ADDRESS 2.3 STREET ADDRESS  2.3 STREET ADDRESS	☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         CTTY-ST-ZIP         Change         A           TITLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         A         A	☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         CTTTLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         32 NAME         STREET ADDRESS         33 STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME         23 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         Change         A           TITLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         A         A           STREET ADDRESS         33 STREET ADDRESS         A         CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         Change         A           TITLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP         Change         A           TITLE         DELETE         4.1 TITLE         Change         A	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE         DELETE         2.1 TITLE         Change         A           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         Change         A           TITLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP         Change         A           TITLE         DELETE         4.1 TITLE         Change         A           NAME         4.2 NAME         A         A	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
DELETE	Change Addition  Change Addition  Change Addition  Change Addition
TITLE	Change Addition  Change Addition  Change Addition  Change Addition
TITLE	Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADD	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADD	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
TITLE   DELETE   2.1 TITLE   Change   A. AMAE   C.2 NAME   C.2 NAME   C.3 STREET ADDRESS   C.3 STREET ADDRESS   C.4 CITY-ST-ZIP   C.4 CITY	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

941/926-7000 Daytime Phone # 2E034 (11/98)