

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000024568 1. Corporation Name: Siesta Sunsets, Inc.			
Principal Place of Business: 515 Beach Rd. Sarasota, FL 34242		Mailing Address: 2414 Bee Ridge Rd. Sarasota, FL 34239	
2. Principal Place of Business: 21 515 Beach Rd. Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 24 34242		2a. Mailing Address: 25 2414 Bee Ridge Rd. Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 29 34239	
9. Name and Address of Current Registered Agent: Barbara A. Cook 2414 Bee Ridge Rd. Sarasota, FL 34239		10. Name and Address of New Registered Agent: 81 Name: Dianne Smith 82 Street Address (P.O. Box Number is Not Acceptable): 2414 Bee Ridge Rd. 83 Sarasota, FL 34239 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: <i>Dianne Smith</i> DATE: 4/29/98 (NOTE: Registered Agent Signature required when transferring.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President ☐ DELETE NAME: Stephen F. Voigt STREET ADDRESS: 2414 Bee Ridge Rd. CITY-ST-ZIP: Sarasota, FL 34239		11 TITLE: ☐ Change ☐ Addition 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		21 TITLE: ☐ Change ☐ Addition 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		31 TITLE: ☐ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	
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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> DATE: 4/29/98 941-925-2324 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)