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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025192

1. Corporation Name

SARASOTA LAND ACQUISITION, INC.

Principal Place	of Business	Mailing Address	_						
2035 ISLAND CIRCLE 2035 ISLAND CIRCLE									
WESTON FL 33	326	WESTON FL 33326				DO NOT WRITE IN	TUIC CO	VCE	
						3. Date Incorporated or Qualifed	THIS SPA	ACE.	
						0			ļ
		A 11-11- Address				03/17/1997 4. FEI Number		T A.	pplied For
2. Principal Pla	ace of Business	2a. Mailing Address				1 "		\rightarrow	ot Applicable
21		26				65-0749347			Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	4		eguired
22		27 City & State				a Firstin Consider Firstin			·
City & State	B _i for the second	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current y	ear Intanni		
	25	29	30	, ,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		301	1		10. Name and Address of New Regis			
	5. Haine and Addiess of Current	Indiata ou Agoin		81	Name			-	
RUBI	INCHIK, HARVEY L								
	NORTH PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	E 118			83					
	VTATION FL 33322								
,	,			84	City		FL 8	5 Zip	Code
						ation or house the Abric of the second for the proper		nging its	n registered
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	! and 607,1508, Florida Statu of Florida, Such change was	ites, the authorize	above- ed by th	-named corpo he corporatio	pration submits this statement for the purp n's board of directors. I hereby accept the	ose or cna appointme	nging it ent as re	egistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, FI	orida Sta	atutes.	•	• •			
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent s	signature required	when reinstating) Di	ATE		I.
12.		200000000000000000000000000000000000000				<u> </u>		IDECTO	300 IN 12
		DIRECTORS	13	-		ADDITIONS/CHANGES TO OFFICE	RS AND D		
TITLE	D	D DIRECTORS	1.1	TITLE		<u> </u>	RS AND D	IRECTO Change	ORS IN 12 ☐ Addition
	D Finkelstein, Leo	·	1.1	TITLE NAME		<u> </u>	RS AND D		
TITLE	D FINKELSTEIN, LEO 2035 ISLAND CIRCLE	·	1.1° 1.2° 1.3°	TITLE NAME STREET A		<u> </u>	RS AND D		
TITLE NAME	D FINKELSTEIN, LEO 2035 ISLAND CIRCLE WESTON FL 33326	☐ DELETE	1.1 1.2 1.3 1.4	TITLE NAME STREET A CITY-ST-		<u> </u>	RS AND D	Change	Addition
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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 suppliemental arrural 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 of 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 for on a partition of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the re

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

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