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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF

Feb 23 1998 8:00am Secretary of State

**FILED** 

|   | 1998  | DIVISION OF C                         | NON3                               | Secretary   | or state                       |
|---|---|---------------------------------------|------------------------------------|---|--------------------------------|
| E .   | MENT # P97000<br>& GOLDMAN, P.A.                    | 0038382 (2)                           |                                    |   | 61 18108 11581 16158 1185 1886 |
| Principal Plac  | ee of Business                                      | Mailing Address                       |                                    |   |                                |
| 1   |   | -                                     |                                    |   |                                |
| 3218 17TH S<br>SARASOTA F   |   | 3218 17TH STREET<br>SARASOTA FL 34235 |                                    | DO NOT MIDITE IN THE                                      | 201.05                         |
| İ   |   |                                       |                                    | DO NOT WRITE IN THIS S  3. Date incorporated or Qualified | SPACE                          |
|   |   |                                       |                                    | 04/30/1997  |                                |
|   | lace of Business                                    | 2a. Mailing Address                   |                                    | 4. FEI Number   | Applied For                    |
| 21  |   | 26                                    |                                    | 65-0747907  | Not Applicable                 |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                   |                                    | 5. Certificate of Status Desired                          | \$8.75 Additional              |
| 22<br>City & Stat   | <u> </u>  | City & State                          |                                    |   | Fee Required                   |
| 23  | o .   | 28                                    |                                    | 6. Election Campaign Financing Trust Fund Contribution    | \$5.00 May Be<br>Added to Fees |
| Zip   | Country   | Zip                                   | Country                            | 8. This corporation owes or has paid the cure             |                                |
| 24  | 25  |                                       | 30                                 | Personal Property Tax due June 30.                        | ☐ Yes ☐ No                     |
|   | 9. Name and Address of Curren                       | t Registered Agent                    |                                    | 10. Name and Address of New Registered A                  | Agent                          |
| AMERICAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  |   |                                       | 63<br>84 Cjty                      | ress (P.O. Box Number is Not Acceptable)  Kipling Circle  | 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 a day of the corporation of Section 607.0505, Florida Statutes. |   |                                       |                                    |   |                                |
| SIGNATURE   | Signature, tyled or printed name of registered agen | and title if applicable. (NOTE:       | : Registered Agent signature requi | ired when reinstating) DATE                               | 12198                          |
| 12.   | OFFICERS AND  |                                       | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND                         | DIRECTORS IN 12                |
| TITLE   | PSTD  | DELETE                                | 1.1 TITLE                          |   | Change Addition                |
| NAME  | GOLDMAN, DAVID L ESQ.                               |                                       | 1.2 NAME                           |   |                                |
| STREET ADDRESS  | 3218 17TH STREET                                    |                                       | 1.3 STREET ADDRESS                 |   |                                |
| CITY-ST-ZIP   | SARASOTA FL 34235                                   |                                       | 1.4 CITY-ST-ZIP                    |   |                                |
| TITLE   | AD NEW YEAR OF EACH                                 | ☐ DELETE                              | 2.1 TITLE                          |   | L Change L Addition            |
| NAME<br>STREET ADDRESS  | CATE, KENNETH R ESQ.<br>3218 17TH STREET            |                                       | 2.2 NAME                           |   |                                |
| CITY-ST-ZIP   | SARASOTA FL 34235                                   |                                       | 2.3 STREET ADDRESS                 |   |                                |
| TITLE   | GARAGOTA TE OTEGO                                   | DELETE                                | 2. 4 CITY - ST - ZIP<br>3.1 TITLE  |   | Change Addition                |
| NAME  |   |                                       | 3.2 NAME                           |   |                                |
| STREET ADDRESS  |   |                                       | 3.3 STREET ADDRESS                 |   |                                |
| CITY-ST-ZIP   |   |                                       | 3.4. CITY-ST-ZIP                   |   |                                |
| TITLE   |   | ☐ DELETE                              | 4.1 TITLE                          |   | Change Addition                |
| NAME  |   |                                       | 4. 2 NAME                          |   |                                |
| STREET ADDRESS  |   |                                       | 4.3 STREET ADDRESS                 |   |                                |
| CITY-ST-ZIP   |   |                                       | 4.4 CITY - ST - ZIP                |   |                                |
| TITLE   |   | DELETÉ                                | 5.1 TITLE                          | <u>l</u>  | Change                         |
| NAME<br>STREET ADDRESS  |   |                                       | 5.2 NAME                           |   |                                |
|   |   |                                       | 5.3 STREET ADDRESS                 |   |                                |
| CITY - ST - ZIP TITLE   |   | DELETE                                | 5.4 CITY+ST-ZIP<br>6.1 TITLE       |   | Change Addition                |
| NAME  |   |                                       | 6.2 NAME                           | '   | T comittee T ventretin         |
| STREET ADDRESS  |   |                                       | 6.3 STREET ADDRESS                 |   |                                |
| CITY-ST-ZIP   |   |                                       | 6.4 CITY-ST-ZIP                    |   |                                |
| 44 11   |   | ( )                                   | <del></del>                        |   |                                |

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 an powered 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 of the corporation 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 receiver of the corporation of the receiver of