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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham 🔊

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000066823 (0)

AUTOMATED REFÉRRAL SYSTEMS, INC.

## **FILED** May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					2111 25111 25110 E111	'W 91191 18119 919	100 1111 1001
4808 S. TAMIAMI TRL. 4808 S. TAMIAMI TRL. SARASOTA FL 34231 SARASOTA FL 34231							
•				*****	VRITE IN THIS	SPACE	
				<ol> <li>Date Incorporated or Qual 07/29/1997</li> </ol>	nea		
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	/	Αŗ	oplied For
21	26			65-0792	<u>uss_</u>		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				ed 🔲	\$8.75 / Fee Re	Additional equired
City & State	City & State	<b></b>			ing		May Be
23	28	T		Trust Fund Contribution			to Fees
Zip Country	Zip	Cour	ury	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 9. Name and Address of Curre	29  ant Registered Agent	30	<del> </del>	10. Name and Address of N			
<del></del>			81 Name			•	
TALON, MARK A     4808 S. TAMIAMI TRL.		į					
SARASOTA FL 34231			82 Street	Address (P.O. Box Number is Not Acc	æptable)		İ
- OARAGOTA ( £ 04201		İ	83				
		,				lac lac	0-1-
			84 City		FL	.   <b>85</b>   <b>Z</b> ip (	Code
11. Pursua of the provisions of Sections 607.05 office of gagistered agent, or both, in the State	02 and 607.1508, Florida Statu te of Florida, Such change was	ites, the ab authorized	ove-named by the cor	corporation submits this statement for poration's board of directors. I hereby	the purpose o	changing it sointment as	ts registered registered
agent. I in familiar with, and accept the obli SIGNATURE							, <u>.</u>
Signature, typed or provind name of registered a			Agent signature	a required when reinstating)  ADDITIONS/CHANGES TO	DATE	DIDECTOR	
12. OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MARIL 4 TA  TA  TA  TA  TA  TA  TA  TA  TA  TA	60N 1000	1.2 NA		ł		□ purado	
STREET ADDRESS 623 BUTTON	wood Da	1200	REET ADDRESS	Į.			[8
CITY-ST-ZIP LOUGISOUT KEY	17 34228	1.30	Y-ST-ZIP				
TITLE	DELETE	2.1 TII				Change	Addition
NAME	<del>-</del>	2.2 NA				-	-
STREET ADDRESS		2.3 ST	REET ADDRESS				
CITY-ST-ZIP			TY-ST-ZIP				
TITLE	DELETE	3.1 TIT	LE.			Change	Addition
NAME		3.2 NA	ME				
STREET ADDRESS		3.3 ST	REET ADDRESS				
CITY-ST-ZIP		3.4. CI	TY-ST-ZIP				
TITLE	DELETE	4.1 7(1	LE			☐ Change	L. Addition
NAME		4, 2 N	AME	İ			
STREET ADDRESS		4.3 ST	REET ADDRESS				
CITY-ST-ZIP			IY-ST-ZIP				
TITLE	☐ DELETE	5 1 T(T				☐ Change	Addition
NAME		5.2 NA					
STREET ADDRESS		5.3 ST	REET ADDRESS				
CITY-ST-ZIP	The res		Y-\$1-ZIP			0	Addition
TITLE	☐ DELETE	6.1 111				Change	LJ Addition
NAME		6.2 NA					
STREET ADDRESS			REE1 ADDRESS				
CITY-ST-ZIP  14. I hereby certify that the information supplied	with this filing does not availed		[Y-S1-ZIP	ed in Section 119 07/3/6) Florida Stat	ites I further o	artify that the	information
т 📭 тыныну сетиу оташын инистичен кирлес	ANTO TOTAL TOTAL DOLL CORNEY	TO THE BYE	unbrout oral	oo iii ooolori, rio.ortojtiji ribiida blat	atour indicator of	and the	

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.