2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P97000088772 1. Entity Name SRO ENTERPRISES, INC. Principal Place of Business Mailing Address 2700 S TAMIAMI TRAIL POST OFFICE BOX 15154 SUITE 2 SARASOTA FL 34277-5154 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State Applied For City & State 65-0793231 Not Applicate Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALD, SHELDON G. Street Address (P.O. Box Number is Not Acceptable) 2700 S TAMIAMI TRAIL SARASOTA FL 34239 -City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if sopticable (NOTE Registered Agent signeture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Additio TITLE Delete TITLE WIENER, STANLEY M MD NAME NAME U00000324641 STREET ADDRESS 2700 S TAMIAMI TRAIL, STE 2 STREET ADDRESS 04/22/05-80101-016 150.00 CITY-ST-7IP SARASOTA FL 34239 CITY-ST-ZIP Addition TITLE ☐ Delete HILE Change WALD, SHELDON G NAME NAME STREET ADDRESS 2700 S TAMIAMI TRAIL, STE 2 STREET ADDRESS CITY - ST - ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addisi-THEF NAME NAME STRUET ADDRESS CUREEL ADDRESS CITY-ST-ZIP CITY- ST-ZIP ☐ Change ☐ Additi-☐ Delete TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS #NTY-ST-7/P CHY-ST-ZIP Addition Delete ☐ Change THILE THILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CiTY-ST-7iP 12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

FICER OF DIRECTOR

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