

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 # P98000029306

1. Corporation Name

ABARIS INSTITUTIONAL SERVICES, INC.

Principal Place of Business

630 S. ORANGE AVE., SUITE 104
SARASOTA FL 34236

Mailing Address

630 S. ORANGE AVE., SUITE 104
SARASOTA FL 34236

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90095 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0830563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing -
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREEN, KEITH F
630 S. ORANGE AVE., SUITE 104
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3400 S. Tamiami Trail

83

Suite 301

84

City SARASOTA

FL

85 Zip Code

34239

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition
1.2 NAME GREEN, Keith F.
1.3 STREET ADDRESS 3400 S. Tamiami Trail, Ste. 301
1.4 CITY-ST-ZIP SARASOTA, FL 34239

2.1 TITLE CEO ☐ Change ☒ Addition
2.2 NAME Dechow, Gerald A.
2.3 STREET ADDRESS 3400 S. Tamiami Trail, Ste. 301
2.4 CITY-ST-ZIP SARASOTA, FL 34239

3.1 TITLE ST. ☐ Change ☒ Addition
3.2 NAME Bias, Angela C.
3.3 STREET ADDRESS 3400 S. Tamiami Trail, Ste. 301
3.4 CITY-ST-ZIP SARASOTA, FL 34239

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald A. Dechow

Date

1-20-99

Daytime Phone #

941-366-2949

CR2E034 (11/98)