## 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 # P98000043539

1. Corporation Name

BOW TO STERN OF SARASOTA, INC.

Principal	Place of	f Business				

Mailing Address

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90057 023 \*\*\*150.00

Fillicipal Flace of business	Maining / todicoo				
1505 PELICAN POINT DRIVE SUITE 274 SARASOTA FL 34231	1505 PELICAN POINT DRIVE SUITE 274 SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE		
		_	3. Date Incorporated or Qualifed 05/14/1998		
2. Principal Place of Business AV	2a. Mailing Address		4, FEI Number	Applied For	
21 6115 B. CLARK CENTER	26 4535 LAKE VISTE	a DR.	65-0836766	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State  23 SARASO TA FL.	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 34238 Country 24 Fals 25 SARASOTA	Zip Coul	ntry ARASOTA	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ØNo	
9. Name and Address of Current			10. Name and Address of New Registers	d Agent	
AMERILAWYER		81 Name			
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134	·	83			
		84 City	F	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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Storaghure based or crinited partie of renistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
organization (great or particular or particu		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		1.1 TITLE		Change	Addition		
TITLE			PTD				
NAME	EBELING, JAMES P	1.2 NAME	EBELING, JAMES				
STREET ADDRESS	1505 PELICAN POINT DRIVE	1.3 STREET ADDRESS	EBELING, JAMES P. 4535 LAKE VISTA DR				
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	SARASOTA FL. 34233				
TITLE	SVD	2.1 TITLE		☐ Change	Addition		
NAME	VAAL. RICK	2.2 NAME	VAAL, RICK 61158 CLARK CENTER	0.0			
STREET ADDRESS	1505 PELICAN POINT DRIVE	2.3 STREET ADDRESS	6115 B CLARK CENTER	Die			
	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA, FL. 34238.				
CITY-ST-ZIP	DELETE	3.1 TITLE		Change	Addition		
		3.2 NAME		_ ,			
NAME							
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	DELETE	4.1 T/TLE		☐ Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS	•	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP			<u></u>		
TITLE	DELETE	5.1 TITLE		Change	Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u></u>				
ΠΙLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME		6.2 NAME			1		
STREET ADDRESS		6.3 STREET ADDRESS	1				
CITY-ST-ZIP		6.4 CfTY-ST-ZfP					

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 error an attachment with an address, with all other like empowered.

**SIGNATURE:**