FILED May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Hasis

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S21461

1. Corporation Name

SARASO	ITA BANCOHPOHATION, INC	j.						
Principal Place	e of Business	Mailing Address			I TABLITATA LED STABL LIDTE BUBER I	14101 1104 01041 0 1011 1		
2 N. TAMIAMI T		2 N. TAMIAMI TRAIL						
SUITE 100 SUITE 100								
SARASOTA FL 34236 SARASOTA FL 34236					ITE IN THIS SP	ACE		
					3. Date Incorporated or Qualifed	l		
					12/28/1990		т т.	P. 15.
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26		 	65-0235255			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	Additional equired
22		City & State			2 5) 11 2			
City & State	e	⊢ ′			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	,
23 - Zip -	Country	Zip Zip	Country	<u></u>	8. This corporation owes the cur	rent year Intang		
	25	_ 	30		Personal Property Tax.		Yes	⊠Nο
24	9. Name and Address of Current				10. Name and Address of New	Registered Age	nt	•
	o. Hallo dila Hadisə or outle		81	Name			•	
JENN	NINGS, CHRISTINE L.		_		hard Nah A	1-1-1-X		
TWO	NORTH TAMIAMI TRAIL		82	Street Add	ress (P.O. Box Number is Not Accept	(able)		
SUIT	TE 100		83			· · · · · · · · · · · · · · · · · · ·	•	•
SAR	ASOTA FL 34236							
			84	City		FL ^l	5 Zip (Code
1# Dursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607 1508. Florida Statutes	s, the above	-named corn	poration submits this statement for the		nging its	registered
office or re	egistered agent or both in the State of	of Florida, Such change was aut	thorized by	the corporation	on's board of directors. I hereby acce	pt the appointm	ent as re	aistered
Office of 16	egistered agent, or both, in the otate t	C C COZ OFOE Flast	da Chabutan	ine corporation				9.0.0.00
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	по сограни				9.0.0.00
agent. I ar	m familiar with, and accept the obligat	lions of, Section 607.0505, Florid	ua Statutes.		ed when reinstating)	DATE		<u></u>
agent. I ar	m familiar with, and accept the obligat	lions of, Section 607.0505, Florid	ua Statutes.			DATE		
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agent. I ar agent.	Signature, typed or printed name of registered agent OFFICERS AND D BAKER, SUSAN M. 107 SHARON LAKE COURT	at and little if applicable. (NOTE: I D DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature require	ed when reinstating)	DATE FFICERS AND D	RECTO	DRS IN 12
agent. I ar	Signature, typed or printed name of registered agent OFFICERS ANI D BAKER, SUSAN M.	at and little if applicable. (NOTE: I D DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require	ed when reinstating)	DATE FFICERS AND D	RECTO	DRS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SARASOTA FL