

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **S34946** (1)
1. Corporation Name
SIESTA EGG, INC.

FILED
97 AUG 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**210 AVENIDA MADERA
SARASOTA FL 34232**

Mailing Address
**210 AVENIDA MADERA
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7697 SADDLE CREEK TR		2a. Mailing Address 26 7697 SADDLE CREEK TRAIL		3. Date Incorporated or Qualified 03/01/1991	3a. Date of Last Report 08/01/1996
Suite, Apt. #, etc. 22 SARSA		Suite, Apt. #, etc. 27		4. FEI Number 65-0254171	Applied For Not Applicable
City & State 23 SARASOTA FLORIDA		City & State 28 SARASOTA FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34241	Country 25 SARASOTA	Zip 29 34241	Country 30 SARASOTA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**GREENBERG, STEVEN R.
2033 MAIN STREET
SUITE 402
SARASOTA FL**

10. Name and Address of New Registered Agent

81 Name **MART SOLU**
82 Street Address (P.O. Box Number is Not Acceptable)
7697 SADDLE CREEK TRAIL
83
84 City **SARASOTA** FL 85 Zip Code **34241**

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. Each 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

8-18-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLU, MART			1.2 NAME	SOLU, MART		
STREET ADDRESS	4424 DIAMOND CIRCLE WEST			1.3 STREET ADDRESS	7697 SADDLE CREEK TRAIL		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	SARASOTA FL 34241		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLU, LORI JANE			2.2 NAME	SOLU, LORI JANE		
STREET ADDRESS	4424 DIAMOND CIRCLE WEST			2.3 STREET ADDRESS	7697 SADDLE CREEK TRAIL		
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP	SARASOTA FL 3424		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE

SIGNATURE

8-18-97

CR2E034 (4/97)

2

George V. Famiglio, Jr.
& ASSOCIATES
A Professional Accountancy Corporation

Certified Public Accountants with
Masters Degrees in Taxation

Established 1971 - Member of
AICPA/Tax Division and FICPA

George V. Famiglio, Jr., CPA/PFS, CFP
Masters Degree in Taxation
Admitted to Practice U.S. Tax Court

Jane D. Famiglio
D/Executive Director

Catherine M. Astronskas
Certified Public Accountant

Yolanda M. Czerwinski
Sr. Staff Accountant

August 18, 1997

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

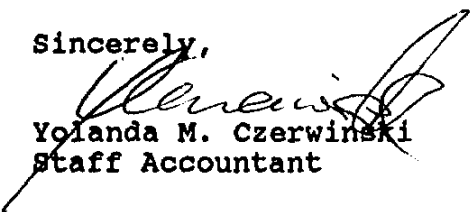
RE: Siesta Egg, Inc., EIN#65-0254171
S34946,
Form : 201 Cor Profit A/R

Our client listed above has never received from you the initial Notice for Annual Report with a fee of \$165.00 due. Enclosed you will find the report duly signed and check attached for Annual Fee of \$165.00. Please waive the penalty for filing late since the original report was never received.

I would like to ask you kindly to respond in writing and confirm your favorable decision.

If you have any questions, please do not hesitate to call our office. Thank you.

Sincerely,


Yolanda M. Czerwinski
Staff Accountant