## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(3)

C. J. OF SARASOTA, INC.

| Principal Place of Business                  | Mailing Address                       |   |
|--|---------------------------------------|---|
| 2241 BEE RIDGE RD<br>SARASOTA FL 34239<br>US | 4311 WINDSOR LN<br>BRADENTON FL 34203 | - |

| 2241 BEE R<br>SARASOTA<br>US          |  | 4311 WINDSOR LN<br>BRADENTON FL 34203 |                                       |                       |   |                                     |                           |
|---------------------------------------|--|---------------------------------------|---------------------------------------|-----------------------|---|-------------------------------------|---------------------------|
| 40                                    |  |                                       |                                       |                       | 3. Date Incorporated or Qualified 04/15/1991              | 3a. Date of Last Repo<br>04/10/1995 |                           |
| 2. Principal Pl                       | lace of Business   | 2a. Mailing Address                   | · · · · · · · · · · · · · · · · · · · |                       | 4. FEI Number<br>65-0261311                               | <u> </u>                            | plied For<br>t Applicable |
| Suite, Apt.                           | #, etc.  | Suite, Apt. #, etc.                   |                                       |                       | 5. Certificate of Status Desired                          | □ \$8.75 A<br>Fee Re                |                           |
| City & State                          | е  | City & State                          |                                       |                       | 6. Election Campaign Financing<br>Trust Fund Contribution | □ \$5.00<br>Added to                |                           |
| Zip<br>24                             | Country 25   | Zip<br>29                             | Countr                                | y                     | 75  | □ No                                | 99.032,                   |
|                                       | 9. Name and Address of Currer  | t Registered Agent                    | 81                                    | Name                  | 10. Name and Address of New R                             | egistered Agent                     |                           |
| CONTA                                 | ALEZ, FEUX J   |                                       |                                       |                       |   |                                     |                           |
|                                       | VINDSOR LN   |                                       | 82                                    | Street Addi           | ress (P.O. Box Number is Not Acceptab                     | HE)                                 |                           |
|                                       | NTON FL 34203  |                                       | 83                                    | 3                     |   |                                     |                           |
|                                       |  |                                       | 84                                    |                       | ration submits this statement for the pur                 | FL 85 Zip C                         |                           |
| or registe<br>familiar w<br>SIGNATURE | of the angle accept the obligations of Section Sprature, typed or printed fine of retrieved agents | d tite if any lable (NOT              | T.: Registered Ag                     | ent signature require |   | DATE                                |                           |
| 12.                                   |  | D DIRECTORS .                         | 13.                                   |                       | ADDITIONS/CHANGES TO OFF                                  |                                     | Addition                  |
| THILE<br>NAME                         | GONZALEZ, FELIX J  | T DECEME                              | 1. 1 HILE<br>1.2 NAME                 |                       |   | Ononide                             | 7,00,00                   |
| STREET ADDRESS                        | 4311 WINDSOR LN  |                                       |                                       | ET ADORESS            |   |                                     |                           |
| CITY ST-ZIP                           | BRANDENTON FL  |                                       | 1.4 CITY                              | ST - Z1P              |   |                                     |                           |
| TITLE                                 | D<br>CONTALET (CARE)   | DELETE                                | 2.1 TITLI                             |                       |   | ☐ Change                            | Addition                  |
| NAME<br>ANGEL ADDRESS                 | GONZALEZ, ISABEL L<br>4311 WINDSOR LN  |                                       | 22 NAME                               | ET ADDRESS            |   |                                     |                           |
| STREET ADDRESS CITY-S1-ZIP            | BRADENTON FL   |                                       | 2.4 CITY                              | <b>,</b>              |   |                                     |                           |
| TITLE                                 |  | ☐ DELETE                              | 3 1 TITLE                             |                       |   | ☐ Chan je                           | Addition                  |
| NAME                                  |  |                                       | 3 2 NAM                               |                       |   |                                     |                           |
| STREET ADDRESS                        |  |                                       |                                       | ET ADDRESS            |   |                                     |                           |
| CITY-ST-ZIP<br>TITLE                  |  | DELETE                                | 3.4 CITY<br>4. 1 TITL                 |                       |   | ☐ Change                            | Addition                  |
| NAME                                  |  |                                       | 4.2 NAM                               | i                     |   |                                     |                           |
| STHEF! ADDRESS                        |  |                                       | 4.3 STRE                              | et address            |   |                                     |                           |
| CHTY+ST-ZIP                           |  |                                       | 4.4 CHTY                              |                       |   | F 3.0b                              | T Address                 |
| TITLE                                 |  | ☐ DELETE                              | 5 1 TITL                              |                       |   | Change                              | Addition Addition         |
| NAME<br>0XXXXX LEDGESO                |  |                                       | 5.2 NAM<br>5.2 STDS                   | E<br>ET ADDRESS       |   |                                     |                           |
| STREET ADDRESS                        | •  |                                       | 5.3 STRE<br>5.4 CITY                  |                       |   |                                     |                           |
| CITY-ST-ZIP                           |  | DELETE                                | 6 1 TiTL                              |                       |   | ☐ Charige                           | Addition                  |
| NAME                                  |  | Brayand                               | 6.2 NAM                               |                       |   |                                     |                           |
| STREET ADDRESS                        |  |                                       | 6.3 STRE                              | et address            |   |                                     |                           |
| CITY-ST-ZIP                           | ·  |                                       | 6.4 CITY                              | -ST-ZIP               |   |                                     |                           |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or an attachment with an address.

**SIGNATURE:** 

Howaley
TED NAME OF SIGNING OFFICER OR DIRECTOR