


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 560296 1. Corporation Name Janet Carlson LCSW Inc.			
Principal Place of Business 73 S Palm Ave Suite 222 Sarasota FL 34236		Mailing Address	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 30	
Country 25		Country 29	
3. Date Incorporated or Qualified 6/18/91		3a. Date of Last Report 5/1/96	
4. FEI Number 59-3073216		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LES GARDI, CPA 7061 S. TAMiami TRAIL SARASOTA, FL. 34231-5559 (941) 925-2099		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code FL	
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 Janet Carlson JANET CARLSON <i>R. Gardi</i> 4/25/97 (Note: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <input type="checkbox"/> DELETE P Janet Carlson #222 73 S Palm Ave Sarasota FL 34236		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <input type="checkbox"/> DELETE		1.2 NAME	
3. NAME <input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
4. NAME <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
5. NAME <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME <input type="checkbox"/> DELETE		2.2 NAME	
7. NAME <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
8. NAME <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
9. NAME <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME <input type="checkbox"/> DELETE		3.2 NAME	
11. NAME <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
12. NAME <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
13. NAME <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME <input type="checkbox"/> DELETE		4.2 NAME	
15. NAME <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
16. NAME <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
17. NAME <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME <input type="checkbox"/> DELETE		5.2 NAME	
19. NAME <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
20. NAME <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
21. NAME <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME <input type="checkbox"/> DELETE		6.2 NAME	
23. NAME <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
24. NAME <input type="checkbox"/> DELETE		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: Janet Carlson 4/25/97 941 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 925-2099			

CR2E034 (9/96)