

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary's Office
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

93 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78921 (1)

1. Corporation Name

6-S OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/10/1991	04/26/1994
4. FBI Number	Applied For
65-0287731	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
NEWMAN, ARTHUR H. 5119 N. TAMiami TRAIL SUITE #7 SARASOTA FL 34234	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
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

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	DP NEWMAN, ARTHUR H. 5119 N. TAMiami TRAIL-#7 SARASOTA FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. NAME	
3. CITY, ST, ZIP		3. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	☐ Change ☐ Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY, ST, ZIP		7. CITY, ST, ZIP	☐ Change ☐ Addition
8. NAME		8. NAME	
9. STREET ADDRESS		9. STREET ADDRESS	
10. CITY, ST, ZIP		10. CITY, ST, ZIP	☐ Change ☐ Addition
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY, ST, ZIP		13. CITY, ST, ZIP	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	☐ Change ☐ Addition
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY, ST, ZIP		19. CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur H. Newman
ARTHUR H. NEWMAN

4/26/95

(813)359-3666