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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # <b>S86231</b> Suites, INC.	(5)			
Principal Place of Business 2211 RIVERWOOD COURT SARASOTA FL 34231		Mailing Address 2211 RIVERWOOD COURT SARASOTA FL 34231-4642		- I ILBARDIL IDI TAND ANNO MILES HADI NG	i Olgil Dagil 1151 offik sidil dibil 1011
				<ol> <li>Date Incorporated or Qualified 10/09/1991</li> </ol>	3a. Date of Last Report 04/15/1996
<u>├</u>	lace of Business	2a. Mailing Address		4. FEI Number 65-0295073	Applied For
Suite, Apit.	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
7 <sub>(D</sub>	Country	[28] Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
	MILL, ANDREW		81 Name		
2211 RIVERWOOD COURT SARASOTA FL 34231			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
) OAR	MOOIN I E OTEOI		63		
			84 City		85 Zip Code
			[ ] [ ]		FL I
office or r agent 1 a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or proped name of registered age	ations of, Section 607.0505, Fi	authorized by the corporal orida Statutes.  IE Registered Agent signature requi	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
11111	D Pourintent	☐ DELETE	1.1 TITLE		Change Addition
NAME	HAMMILL, ANDREW		1.2 NAME		
STHEET ADDRESS	2211 RIVERWOOD CT SARASOTA FL		1.3 STREET ADDRESS		
CITY - \$1 - ZIP TITLE	D July Premilent	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	REES, PAULA		22 NAME		
STREET ADDRESS	2211 RIVERWOOD CT.		2.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
1016	· i	☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-7:F		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		L) ottett	5.1 HILE 5.2 NAME		FT OHAIRS FT WORKING
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-\$1-7IP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY+S!-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certily 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: AND THE OR BRINTED HAME OF BUSINESS AND TYPED OR BUSINESS AND TYPED OR BRINTED HAME OF BUSINESS AND TYPED OR BUSINESS AND TYPED

941-366-8808

**FILED** 

Apr 17 1997 8:00am

Secretary of State