

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V07359** (5)

1. Corporation Name

**ONE SARASOTA TOWER, INC.**



Principal Place of Business

**2 NO TAMiami TR  
STE 206  
SARASOTA FL 34236  
US**

Mailing Address

**2 NO TAMiami TRAIL  
STE 206  
SARASOTA FL 34236  
US**

3. Date Incorporated or Qualified

**01/17/1992**

3a. Date of Last Report

**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 Suite 710  
City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**65-0306993**

Applied For

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

9. Name and Address of Current Registered Agent

**LACOCK, LINDA J  
2 NO TAMiami TR  
STE 206  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name  
**Marti Owen**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2 N Tamiami Trail**  
83  
**Suite 710**  
84 City  
**Sarasota** FL 85 Zip Code  
**34236**

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

*Marti Owen*  
Signature, typed or printed name of registered agent and title if applicable.

**Marti Owen**

**04/24/96**

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>PD</b>	<b>WOLF, NORTON</b>	<b>572 WELLINGTON ST</b>	<input type="checkbox"/>
		<b>LONDON, ONT., CAN.</b>		
	<b>T</b>	<b>WOLF, RON</b>	<b>572 WELLINGTON STR</b>	<input type="checkbox"/>
		<b>LONDON ON</b>		
	<b>S</b>	<b>LACOCK LINDA J</b>	<b>2 N TAMiami TRAIL STE 206</b>	<input checked="" type="checkbox"/>
		<b>SARASOTA FL</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>Marti Owen</b>	<b>2 N Tamiami Trail - Suite 710</b>	<b>Sarasota, FL 34236</b>	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>800001806058</b>		
		<b>-05/03/96--01014--016</b>		
		<b>***200.00</b>		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE:

*Marti Owen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marti Owen**

**04/24/96**

**941-954-2300**

Date

Daytime Phone #

CR2E034 (12/95)