

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V30830** (6)  
1. Corporation Name  
**KWI OF SARASOTA, INC.**

Principal Place of Business  
**2147-G PORTER LAKE DRIVE  
SARASOTA FL 34240**

Mailing Address  
**1629 WINCHESTER ROAD  
MEMPHIS TN 38116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/23/1992</b>	
4. FEI Number <b>62-1495839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent	
<b>SPRINGER, BILLY B 2147-G PORTER LAKE DRIVE SARASOTA FL 34240</b>	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, SPENCE</b>	1.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38116</b>	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38116</b>	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, C. KEMMONS JR.</b>	3.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38116</b>	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, CAROLE W</b>	4.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38116</b>	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTEY, JOHN II</b>	5.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38116</b>	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRINGER, BILLY B</b>	6.2 NAME	
STREET ADDRESS	<b>2147-G PORTER LAKE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_

CR2E034 (10/97)