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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46104

(8)

PARSLI	EY, SAGE, ROSEMARRI & I	HANS, INC.		4 - K.S. (B-(-R.) G-(-R.) G-(-R.) G-(-R.) B-(-R.) B-(-R.) G-(-R.)	iri dagir gagar gagar gagar gagar
Principal Place	of Business	Mailing Address		(1001) Bildis Bildis Direc Direc Dibit Delite Belle Belle Bil) }
4362 INDIAN POINT TRAIL · 4362 INDIAN POINT TRAIL SARASOTA FL 34238 SARASOTA FL 34238			IL	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				06/25/1992	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0343059	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
GORDON, CHERYL L			81 Name		
240 S. PINEAPPLE AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
10TH FLOOR					
SARASOTA FL 34236		63			
			84 City		85 Zip Code
				FI	_
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St 			es, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. Lar	egistered agent, or poin, in the state in familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607,0505, Fig	authorized by the corporat orida Statutes.	tion's board of directors, i hereby accept the ap	pointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered age		E. Registered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DST	∐ DELET E	1.1 TITLE		Change Addition
NAME	ROTH, HANS J.		1.2 NAME		
STREET ADDRESS	4362 INDIAN POINT TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238	- Decree	1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROTH, ROSEMARRI		2.2 NAME		
STREET ADDRESS	4362 INDIAN POINT TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
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14. Thereby certify that the information supplied with this filling 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 suppliemental 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.

CICNIATURE.

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1-14-98

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FILED

Jan 28 1998 8:00am

Secretary of State