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PROFIT CORPORATION ANNUAL REPORT



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

	1996	DIVISION C	F CORPORATIONS		
DOCUI	MENT # 331258	3 (4)			
•	SS GARDENS REALTY, INC	<u>.</u>			
	OO GRAIDENO HEALTH IN	<i>,</i>		I I O O O O O O O O O O O O O O O O O O	Handa arang ar
Principal Place	of Business	Mailing Address			
Principal Place of Business 290 CYPRESS GARDENS BLVD. S E		290 CYPRESS GARDI	ENG BLUD G E		
P.O. BOX 14	39	P.O. BOX 1439	ENG BLYD. S E		
WINTER HAV	EN FL 33880	WINTER HAVEN FL 3	3880	Date Incorporated or Qualified	3a. Date of Last Report
				06/13/1968	04/03/1995
7	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ote	26 Suite Apt to sta		59-1212508	Not Applicable
Suite, April.	#, etc.	Suite, Apt #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	5.00 May Be
L		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Gountry 30	This corporation has liability for Florida Statutes X Yes	intangible tax under s. 199.032,
1	9, Name and Address of Curren	29 t Registered Agent	[30]	10. Name and Address of New F	
			81 Name		
NOLEN,			82 Street Add	Iress (P.O. Box Number is Not Acceptate	ile)
	RAND CAYMAN CIR				
MINTER	HAVEN FL 33880		83		
			84 City		FL 85 Zip Code
1. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida State	ites, the above named come	ration submits this statement for the pur	<u></u>
or register familiar wil SIGNATURE	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia: Such change was author on 607.0505, Florida Statute	ized by the corporation's boo os.	and of directors. Thereby accept the app	ointment as registered agent. I am
2.	Signature, typed or printed harric of registere Lagrant ONE GIVE ON ANIT		OTE: Registered Agent signature regun	ed wher reinstabligh	DATE
£			10	ADDITIONIC/CLIANICEC TO OCE	ICEDS AND DIDECTORS IN 10
TLE	D	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
	D SECKEL, WARREN M			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
ΑΜέ	D SECKEL, WARREN M 506 N LAKE LULU DR		1 1 TITLE	ADDITIONS/CHANGES TO OFF	
ame Treet address Ty-st-zip	D SECKEL, WARREN M 506 N LAKE LULU DR WINTER HAVEN, FL 00000	☐ DELETE	1 1 TITLE 1.2 NAME 1.3 STRE T ADDRESS 1.4 CITY SE ZIP	ADDITIONS/CHANGES TO OFF	☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

April 25, 1996