

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

BANK ACCT. # 95210
LEDGER ACCT. # 61.25
VENDOR # FL DEPS
C.K. du
DATE 1-24-95

DOCUMENT # **704372** (2)

1. Corporation Name
PRIMROSE CENTER, INC.



Principal Place of Business: **2733 S FERNCREEK AVE ORLANDO FL 32806**
Mailing Address: **2733 S FERNCREEK AVE ORLANDO FL 32806**

3. Date Incorporated or Qualified: **08/02/1962**
3a. Date of Last Report: **03/06/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-0699143	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAIN, SHERRY L. 2733 S FERNCREEK AVE ORLANDO FL 32806				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEREZMAN, DE	1.2 NAME	DEBRA NICKELSEN
STREET ADDRESS	344 SANDPIPER AVE	1.3 STREET ADDRESS	1546 MILLER AVENUE
CITY - ST - ZIP	ROYAL PALM BEACH FL	1.4 CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLOWAY, HELEN	2.2 NAME	FAYE EVANS
STREET ADDRESS	618 ALBERTSON PLACE	2.3 STREET ADDRESS	1614 OVERLOOK RD.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO, FL 32809
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENLOW, RALPH	3.2 NAME	JOHN BASSO
STREET ADDRESS	1521 GALWAY CT	3.3 STREET ADDRESS	8622 VANNOY CT.
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	ORLANDO, FL 32810
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DEAN	4.2 NAME	LESLIE KING
STREET ADDRESS	1509 SEASON POINT CIR	4.3 STREET ADDRESS	1006 FEATHERSTONE CIRCLE
CITY - ST - ZIP	APOPKA FL	4.4 CITY - ST - ZIP	OCOE, FL 34761
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUSLEY, B J	5.2 NAME	SANDY SANDERS
STREET ADDRESS	180 LAKESIDE CIR	5.3 STREET ADDRESS	2507 TIMBERLAKE DRIVE
CITY - ST - ZIP	SANFORD FL	5.4 CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKELL, BERNARD	6.2 NAME	CHARLES PARKER
STREET ADDRESS	10321 KINGBROOK LN	6.3 STREET ADDRESS	1413 COUNTRYRIDGE PL.
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	ORLANDO, FL 32835

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry L. Cain Date: 1/18/95 Daytime Phone #: (407) 898-7201

CR2E037 (12/95)