

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
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DOCUMENT #

1. Corporation Name **716445 (2)**
Mount Olive Gardens No. 1, Inc.

Principal Place of Business 1700 NW 6th Place Apt 201 Ft. Lauderdale, FL 33311	Mailing Address 3107 Spring Glen Rd. Suite 204 Jacksonville, FL 32207
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 4/28/1969	3a. Date of Last Report 5/1/1995
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-1403029	Applied For ☐ \$8.75 Additional Fee Required
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$5.00 May Be Added to Fees
23 Zip	28 Zip	6. Election Campaign Financing ☐	Trust Fund Contribution ☐
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**Allen, W. George
One River Plaza, Ste. 501
305 S. Andrews Ave.
Ft. Lauderdale, FL 33301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE NAME D STREET ADDRESS Howard, Everett O CITY-ST-ZIP 3221 NW 4 Street Ft. Lauderdale, FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME TD STREET ADDRESS Carter, Mack King CITY-ST-ZIP 2350 NW 28th Street Ft. Lauderdale, FL	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME PD STREET ADDRESS Allen, W. George CITY-ST-ZIP 305 S. Andrews Ave Ft. Lauderdale, FL 33301	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-96

954-4636681

CR2E037 (12/95)

3/13/96

PS