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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

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Principal Place of Business Mailing Address 552 MAIN STREET 552 MAIN STREET SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 3. Date incorporated or Qualified 3a. Date of Last Report 06/12/1980 02/01/1995 4 FFI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3062156 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Zφ Zio 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEVEN H. MEZER PA Street Address (P.O. Box Number is Not Acceptable) 62 1212 COURT STREET 83 STE. B **CLEARWATER FL 34616** City 85 Zip Code 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1 1 TITLE TITLE NAME JANE SHULMAN 1.2 NAME CR2E037 STREET ADDRESS 2060 MARILYN ST. #202 1.3 STREET ADDRESS **CLEARWATER, FL 00000 34625** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME FUCHS, BOB 2.2 NAME 2060 MARILYN ST. #215 2.3 STREET ADDRESS STREET ADORESS CLEARWATER, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME **NEUMEYER, VERA** 3.2 NAME 2060 MARILYN ST 212 STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER, FL 00000 CITY-ST-ZIP 3 4. CITY-ST-ZIP **WOELETE** Addition ☐ Change SD-4.1 THILE TITLE SULLIVAN, FRANCES NAME 4. 2 NAME STREET ADDRESS 2060 MARILYN ST. #107 43 STREET ADDRESS **CLEARWATER FL 34625** 44 CITY-ST-ZIP CITY - ST - ZIP DELETE Change 51 TITLE Addition TITLE PALAZZOTTO, TOM 52 NAME NAME 6 BEECHWOOD COURT 5.3 STREET ADDRESS STREET ADDRESS BARNAGAT NJ CITY-ST-ZIP 54 CITY-ST-ZIP DELETE **№** Change ■ Addition 61 TITLE SD TITLE **DUNCAN, LOLA** 6.2 NAME NAME 2060 MARILYN ST #110 STREET ADDRESS **63 STREET ADDRESS** CLEARWATER FL 6.4 CITY - ST - ZIP 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

SIGNATURE: Poly Tucks

SIGNATURE: OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2.28.96

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