

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

DOCUMENT # **756386** (9)

1. Corporation Name
ELECTROLYSIS SOCIETY OF FLORIDA, INC.



Principal Place of Business Mailing Address
103 W STANLEY ST TAMPA FL 33604 **103 W STANLEY ST TAMPA FL 33604**

3. Date Incorporated or Qualified **02/16/1981** 3a. Date of Last Report **01/30/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2184313	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALVAREZ, SARA 103 W STANLEY STREET TAMPA FL 33604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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: *Sara Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JUDY	1.2 NAME	
STREET ADDRESS	651 A1A BEACH BLVD - C	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEAGUDO, BOBBIE	2.2 NAME	
STREET ADDRESS	7800 RED RD. #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKATY, CATHY	3.2 NAME	
STREET ADDRESS	1405 S. ORANGE AVE., SUITE 501	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, REID	4.2 NAME	
STREET ADDRESS	1855 W. S.R. 434, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTSON, GINGER	5.2 NAME	
STREET ADDRESS	3616 ST JOHNS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KAREN	6.2 NAME	
STREET ADDRESS	8711-5 CYPRESS LAKE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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: *Reid C. Lott* DATE: *2-7-96* (407) 260-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)