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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

| 1. Corporation | MENT # L8906 TEN & ASSOCIATES, INC. | 5 (1) | | | T TARFILLIY DOS TÂNIO YOMI DOTILLI GIST | LI SAN BIBN BIBN BIBN BAND BIBN BIBN ABD |
|--|---|---|---------------------------------|--|---|--|
| B | | | | | | |
| Principal Place | • | Mailing Address | | | I tention on the filts blif bill | bi mers memer memer member Member Member (MA) |
| 3764 NORTHEAST 70TH AVE 3764 NORTHEAST 70T SILVER SPRINGS FL 34488 SILVER SPRINGS FL 3 US US | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 07/25/1990 | 3a. Date of Last Report |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | 05/23/1995 |
| 21 | | 26 | | | 59-3025107 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | | City & State | | ···· | | Fee Required |
| 23 | | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country Zip | | Country | | 8. This corporation has liability for | |
| 24 | 25 | 29 | 30 | | Florida Statutes XYes | □No |
| | 9. Name and Address of Currer | it Registered Agent | 81 | Name | 10. Name and Address of New F | tegistered Agent |
| TAY! OR | R, WILLIAM, I | | | | | |
| 3764 NORTHEAST 70TH AVE | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| | SPRINGS FL 34488 | | 83 | | | |
| | | | 84 | City | | |
| | | | | / | | FL 85 Zip Code |
| or registere familiar wit | o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti | tand 607.1508, Florida Statutes da. Such change was authorize ion 607.0505, Florida Statutes. | s, the above-r d by the corp | named corpora oration's boar | ation submits this statement for the pur d of directors. I hereby accept the app | pose of changing its registered office pintment as registered agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered agent | | 2. 2 | | | |
| 12. | OFFICERS AND | | E: Registered Agen | t signatura respired | d when reinstating: ADDITIONS/CHANGES TO OFFI | DATE |
| TITLE | PTD | DELETE | | | ADDITIONS/OF LANGES TO OFF | CEHS AND DIRECTORS IN 12 |
| NAME | TAYLOR, WILLIAM I. | | 1.2 NAME | | | |
| STREET ADDRESS | 3764 NE 70TH AVENUE | | 1.3 STREET ADDRESS | | | |
| CITY-SI-ZIP TITLE | SILVER SPRINGS FL VSD | | 14 CHY-ST-ZIP | | | |
| NAME | TAYLOR, STELLA M. | | 2 1 TITLE 22 NAME | i | | Change Addition |
| STREET ADDRESS | 3764 NE 70TH AVENUE | | 2 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SILVER SPRINGS FL | | 2.4 CITY - S | J | | |
| TITLE | DELETE | | 3. 1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREEL ADDRESS | | | 3.3. STREE1 | ADDRESS | | |
| CITY-ST-ZIP TITLE | ☐ DELETE | | 3.4 CITY-SI | 1 - Z/P | | |
| NAME | | L.J PECCE | 4. 1 TITLE 4.2 NAME | | | Change Addition |
| STREET ADDRESS | | | 4.3 STREE1 | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - S1 | | | |
| TITLE | | DELETE | 5. 1 TITLE | | | Change Addition |
| NAME Proces approces | | | 5.2 NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 5.3 STREET | | | |
| TITLE | | DELETE 6 1 TITLE | | - ZIP | | Change Ci Audit- |
| NAME | | 62 NA | | | | Change Addition |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 City - S1 | - 71P | | |
| oath; that I | r certify that the information supplied with a information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 if changed or or | ation of the receiver or trustee of | eminowered to | not qualify fo and accurate execute this | r the exemption stated in Section 119.6 e and that my signature shall have the e report as required by Chapter 607, Flo | 07(3)(k), Florida Statutes. I further same logal effect as if made undor rida Statutes; and that my name |
| SIGNAT | URE: SIGNATURE AND TYPED ON | PRINTED NAME OF SIGNING OFFICER | M TA | ylon | 4-26-96 Dete | 3/2)236-7/81 Daytime Phone # |