FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

	1996	DIVISION OF	CORPORATIONS		
	77710	00006057 (3)			
ABILIT	TES AT FOUNTAIN SQUARI	E, INC.			
					1 8
Principal Plac	e of Business	Mailing Address			
2735 WHITNEY RD 2735 WHITNEY RD					
CLEARWATE	R FL 34620	CLEARWATER FL 34620			,
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/12/1994	05/01/1995
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		APPLIED FOR 59-	*
22	***	27		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for in	tangible tax under s. 199.032,
	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No
A 1 1 1 1 A 1			81 Name		Bioroi on Whent
SANDONATO, WILLIAM JR			82 Street Add	dress (P.O. Box Number is Not Acceptable	<u> </u>
2735 WHITNEY RD CLEARWATER FL 34620					
VELNIII	MILITE DIOZU		83		
			B4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named corpo	oration submits this statement for the purpo	
familiar wi	ith, and accept the obligations of, Sect	ua. Such change was authorized ion 617.0503, Florida Statutes.	by the corporation's boa	oration submits this statement for the purpor ard of directors. I hereby accept the appoir	ntment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent				
12.	OFFICERS AN		Registered Agent signature require	red when reinstatings ADDITIONS/CHANGES TO OFFIC	DATE COLORO IN ASSESSMENT
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS/OFFICES TO OFFICE	Change Addition
NAME	ATTEBERRY, WILLIAM		1.2 NAME		C a marga C 77 Addition
STREET ADDRESS CITY-ST-ZIP	421 BELLE ISLE BELLEAIR BEACH FL 34635		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZiP 2.1 TITLE		
NAME	BYRD, ROBERT W	E Dicci	2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1 HARBORSIDE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 34616		2. 4 CITY - ST - ŽIP		
TITLE NAME	D LEONARDO, KAREN P	DELETE	31 TITLE		Change Addition
STREET ADDRESS	650 GENEVA PL		3.2 NAME		
CITY-ST-ZIP	TAMPA FL 33606		3.3 STREET ADDRESS		
TITLE	D	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	SANDONATO, WILLIAM JR		4 2 NAME		L., Change (ADDITION
STREET ADDRESS	1856 BARCELONA DR		4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	DUNEDIN FL 34698	Cloure	4.4 CITY - ST - ZIP		
NAME		DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME \$	00000185! -06/07/9601033	542U
CITY-ST-ZIP			5.4 DITY-ST-ZIP	***61.25	טייט ע
TITLE		DELETE	6.1 TITLE	the series III See Nat	Change Addition
NAME DEDEET ADDRESS			6.2 NAME		L Makali
STREET ADDRESS			6.3 STREET ADDRESS		2 G6
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furnishe	64 CITY-ST-ZIP	or the exemption stated in Section 119.07(1/1
certify that	the information indicated on this annua	al report or supplemental annual	report is true and accura	or the exemption stated in Section 119.07(Ite and that my signature shall have the san	3)(k), Florida Statutes further

rporation or the receiver of thistee empowered to execute this report as required by Chapter 617, Florida Statutes; and the my name of on an attachment with an address. appears in Block 12 or Bloc

SIGNATURE:

WILLIAM SANdonato Ir 4/15/96 (813)538-1310

Description Prome 1