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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400006057 (3)

ABILITIES AT FOUNTAIN SQUARE, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address Mailing Address 3. Date Incorporated or Qualified 32. Date Incorporated or Qualified 32. Date Incorporated or Qualified 32. Date Incorporated or Qualified 33. Date Incorporated or Qualified 34. Date of Qualified 34. Date of Qualified 34. Date of Qualified 34. Date of Qualified 35. Date Incorporated or Qualified 35. Date Incorporated or Qualified 34. Date of Qualified 35.00 Mail 35.0	70IL11L	EO AT TOOMMIN OGONIE	,							
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2. Principal Place of Business 28. Mailing Address 25. Suite, Apt 14. EPI Number 25. Suite, Apt 4. etc. 26. Suite, Apt 4. etc. 27. Suite,				1610						
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State 227 City & State 228 City & State 229 City & State 229 Country Zip Country Zip Country Zip Country Zip Country Esciption Compaign Financing Trust Fund Contribution Shouth the processor of Section Registered Agent 8. File control has liability for intenglister under s. 199 Florida Statutes Yes No No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant ten the processors of Sections 6.17.0502 and 617.1506. Fortida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by the corporation's bornts this statement for the purpose of changing its registered agent and familiar with, and secept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE Spruce, tyred ir preservation and preservation with a finite statement for the purpose of changing its registered Agent agent are registered Agent agent and advanced by the corporation's bornt at this statement for the purpose of changing its registered Agent ag		ace of Business	⊢ ⊸							oplied For of Applicabl
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Zip Country Zip Country Zip Country 8. 8. This corporation has liability for intendible tax under s. 199 50 50 50 50 50 50 50	City & State		City & State		_	<u></u>	, -			
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SEGNING OFFICER OF HISTORY

5/1/57 (813)538.737