## 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

DOCUMENT #
1. Corporation Name N95000002744 (9)

STARTING OVER, INC.

Principal Place of Business

Mailing Address

6600 SW 18 ST. MIRAMAR FL 33023

6600 SW 18 ST.



		MINAMAN PL 33023				
				<ol> <li>Date Incorporated or Qualified 06/12/1995</li> </ol>	3a. Date of Last Report	
r	lace of Business	2a. Mailing Address	. 7)	4. FEI Number	Applied For	
21 1300	NW 31	26 4600 St	n 18 _ 21mg	65-05 99059	Not Applicab	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		
23 FT.	Lauderdale	28 muange	FI.	Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
24 P1	33333 25	29 330 23	30 Brawe		Yes Mr No	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
BAIN, SUSAN			82 Street Ac	et Address (P.O. Box Number is Not Acceptable)		
6600 SW 18 ST.				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
MIRÁMAR FL 33023			83		<del>101821264</del> 9601127023	
			84 City	*******	U.UL MAN PARTHADO	
11. Pursuant to or register familiar wit	to the provisions of Sections 617.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	and 617.1508, Florida Statute L. Such change was authorize 0.617.0503, Florida Statute	es, the above-named corp ed by the corporation's bo	poration submits this statement for the purporation for the purporard of directors. I hereby accept the appo	pose of changing its registered offi entment as registered agent. I am	
SIGNATURE _	SUSAW BAIN Signature, typeo or printed name of registered agent ar	P/P/S	FE: Registered Agent signature requ	•	4-21-96	
12.	OFFICERS AND		13.	ADDITIONS OF TALIGES TO OF H	CERS AND DIRECTORS IN 10	
TITLE	S enether	POÉLETE	1.1 TIFLE	ALAMA TO OFF	CERS AND DIRECTORS IN 12  Change Addition	
NAME		•	1.2 NAME	\$ \$4_15	Fall cuands	
STREET ADDRESS	Theodore 0'Bu	ew	1.3 STREET ADORESS	fruly valger was		
CHTY-ST-ZIP	Mulanus II 2203	لي دع	1.4 CITY - ST-ZIP	V30/ S.W 177-144	2 3 4/ 64	
TITLE	T	[ ] BELETE	2 1 TITLE	re -autumony, FI	3 3 0 6 \$ Addition	
NAME	simplified charm	m	22 NAME		4 Shange Addition	
STREET ADDRESS	Patrick Benla	Gui.	2 3 STREET ADDRESS	Reclieved housen!	7	
CITY-ST-ZIP	hath means Fl.	7		1300 hm 310 17m	•	
TITLE		PD/S DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	Fr. Naududay, Fl	73846	
NAME	SUSAD BAIR Led Swift Tiske		3.2 NAME	JEARIS PAINS - F	, Change Addition	
STREET ADDRESS	MIRAMAK FA 3808		3.3 STREET ADDRESS	SEARID CAMS - 1 Seid STADE		
CITY-ST-ZIP	MACHINE OF THE TWO	J		S. GREED PROKES,	7,35465	
TITLE	CAMBLE WOLLD	• 1)	34. CITY-ST-ZIP	The same of the following the same that the		
NAME	Set N. Ottoc Wife		4 2 NAME		☐ Change ☐ Addition	
STREET ADDRESS	Sut M. Office in a	C saun'	4			
CITY-ST-ZIP	WEST FALL BONCH	(m) 23401	4.3 STREET ADDRESS			
TITLE	HOWARD WAUSHA	A A A INTIDELETE	4.4 CITY - ST - ZIP 5.1 TITLE			
NAME	HOWNED VINUS AN	# sitter = □Decerie			☐ Change ☐ Addition	
	west falm bench, fi	4965.	5 2 NAME			
CITY-ST-ZIP	west raim behir,	V-A-C	5 3 STREET ADDRESS			
		DELETE	5.4 CITY-ST-ZIP			
TITLE !		Proceed	61 TITLE		Change 🔲 Addition	
TITLE						
NAME			6 2 NAME		A 10-	
- 1			6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		Alb	

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

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954- 583-1502 Daytime Phone #