

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004326 (3)**

1. Corporation Name

TURNING POINT OF CENTRAL FLORIDA, INC.



Principal Place of Business	Mailing Address
1408 GAY ROAD WINTER PARK FL 32789	1408 GAY ROAD WINTER PARK FL 32789-2906

3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business	2a. Mailing Address
21 125 S. Swoope Ave Suite, Apt. #, etc. 22 Suite 110 City & State 23 Maitland, FL Zip Country 24 25	26 125 S. Swoope Ave. Suite, Apt. #, etc. 27 Suite 110 City & State 28 Maitland, FL Zip Country 29 30

4. FEI Number 59-3344663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KINZLER, GERARD P 1408 GAY ROAD WINTER PARK FL 32789	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	125 S. Swoope Ave.
83 Suite	110
84 City	Maitland
85 Zip Code	FL 32751

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P/D <input type="checkbox"/> DELETE
NAME	STRACK, JAMES H
STREET ADDRESS	PO BOX 533908
CITY-ST-ZIP	ORLANDO FL 32853
TITLE	VP/D <input type="checkbox"/> DELETE
NAME	PEARL, FREDRICK DR
STREET ADDRESS	830 E. HWY 434 SUITE 1
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	ST/D <input type="checkbox"/> DELETE
NAME	HOWARD, KEY
STREET ADDRESS	419 SEYMOUR COURT
CITY-ST-ZIP	OVIDO FL 32785
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Gerard P. Kinzler, Registered Agent** 2-17-97 (407) 740-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 40012509

CR2E037 (9/96)