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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004756 (9)

1. Corporation Name

THE PRESERVATION STATION, INC.

Principal Place of Business

Mailing Address

10320 CARROLLWOOD LANE, SUITE 62
TAMPA FL 33618

10320 CARROLLWOOD LANE, SUITE 62
TAMPA FL 33618

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

59-3504232

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARONOFF, SUSAN E
10320 CARROLLWOOD LANE, SUITE 62
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D SUSAN ARONOFF
STREET ADDRESS 10320 Carrollwood Lane, Suite 62
CITY-ST-ZIP Tampa FL 33618

TITLE ☐ DELETE
NAME P Stanley Aronoff
STREET ADDRESS 10320 Carrollwood Lane, Suite 62
CITY-ST-ZIP Tampa FL 33618

TITLE ☐ DELETE
NAME VP, S Mildred Aronoff
STREET ADDRESS 10320 Carrollwood Lane, Suite 62
CITY-ST-ZIP Tampa FL 33618

TITLE ☐ DELETE
NAME D PATTI HOLI
STREET ADDRESS 2491 24th Ave NE
CITY-ST-ZIP Naples FL 34120

TITLE ☐ DELETE
NAME D FAY HERRERO DUN
STREET ADDRESS PO Box 96
CITY-ST-ZIP Odessa FL 33556

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Debbie Yates
1.3 STREET ADDRESS 173 NW 7th
1.4 CITY-ST-ZIP Warrensburg MO 64093

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0048448

CR2E037 (10/97)