

FILE NOW: FILING FEE IS \$61.25

FILED
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 |
|---|---|---|

DOCUMENT # **N97000004756 (9)**

1. Corporation Name
THE PRESERVATION STATION, INC.



| | |
|---|---|
| Principal Place of Business 10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618 | Mailing Address 10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618 |
|---|---|

3. Date Incorporated or Qualified
08/20/1997

4. FEI Number
59-3500232

| | |
|----------------|-------------------------------------|
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input checked="" type="checkbox"/> |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 29 Zip |
| 25 Country | 30 Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUSAN ARONOFF | |
| STREET ADDRESS | 10320 Carrollwood Lane, Suite 62 | |
| CITY-ST-ZIP | Tampa FL 33618 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | Stanley Aronoff | |
| STREET ADDRESS | 10320 Carrollwood Lane, Suite 62 | |
| CITY-ST-ZIP | Tampa FL 33618 | |
| TITLE | VP, S | <input type="checkbox"/> DELETE |
| NAME | Mildred Aronoff | |
| STREET ADDRESS | 10320 Carrollwood Lane, Suite 62 | |
| CITY-ST-ZIP | Tampa FL 33618 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PATTI HOLI | |
| STREET ADDRESS | 2491 24th Ave NE | |
| CITY-ST-ZIP | Naples FL 34120 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Fay HERRERO DUN | |
| STREET ADDRESS | PO Box 96 | NA |
| CITY-ST-ZIP | Odessa FL 33556 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Debbie Yates | |
| 1.3 STREET ADDRESS | 173 NW TEC | |
| 1.4 CITY-ST-ZIP | Warrensburg MO 64093 | |
| 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 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: Susan E Aronoff April 29, 1998 813-973111 x4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048448

CR2E037 (10/97)