

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:10

DOCUMENT # 242741 (7)

1. Corporation Name  
**PALMETTO CENTER OF WINTER PARK INC**

Principal Place of Business Mailing Address  
**1560 LAKEHURST AVE. WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1960** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-0918983** Applied For  Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country 29. Zip Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ALLAN, YVONNE L.  
1560 LAKEHURST  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ALLAN, LAURENCE R</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1560 LAKEHURST AVENUE</b>	CITY, ST, ZIP <b>WINTER PARK FL</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>ALLAN, YVONNE L</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1560 LAKEHURST AVENUE</b>	CITY, ST, ZIP <b>WINTER PARK FL</b>	1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME <b>S Edwin H. Allan</b>	
TITLE	NAME	3.3 STREET ADDRESS <b>1560 Lakehurst Ave</b>	
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP <b>Winter Park - FL 32789</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME <b>Tr Mary E Allan</b>	
TITLE	NAME	4.3 STREET ADDRESS <b>299 Tinder Place</b>	
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP <b>Casselberry FL 32707</b>	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Laurence R. Allan* 1/6/95 407-644-1464  
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR (Typed Name)