## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 32097

(8)

FOLSOM OF FLORIDA, INC.

FILED Feb 26 1998 8:00am Secretary of State

I OLOO	W OF I LONION, IN	ю.				
B		BA-III A dalvo	<del></del>			
Principal Place of Business		•	Mailing Address			
7501 INTERBAY BLVD.   Tampa Fl 33616			43 MCKEE DR. Mahwah, N. J. 07430			
US		man and the first	0.400			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/08/1967
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number Applied For
21		26				59-1196652   Not Applicable
Suite, Apt. #, etc.		— — · · · ·	Suite, Apt. #, etc.			Certificate of Status Desired     Section       Section      Section       Sectio
22		27				
City & State		City & State				Bection Campaign Financing     Trust Fund Contribution     Added to Fees
23	Country	28 Zip		ountry		This corporation owes or has paid the current year Intangible
Zip		29	30	эш нь у		Personal Property Tax due June 30. Yes No
24	25 Same and Address	s of Current Registered Agent	[30]	T .		10. Name and Address of New Registered Agent
	<del></del>		2, 1,111	81	Name	
	MS, DAVE			-		
	13 MILES RD Jessa Fl 33556			82	Street A	Address (P.O. Box Number is Not Acceptable)
00	E994 LF 33330			83		
				84	City	FL 85 Zip Code
11 Pureuant	to the provisions of Section	ons 607 0502 and 607 1508. Florid	la Statutes, the	above	e-named	corporation submits this statement for the purpose of changing its registered
office or r	agistored agont, or both	in the State of Florida, Such char	oe was authoriz	rad hu	the cord	poration's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and acce	pt the obligations of, Section 607.	0505, Florida St	atutes	S.	
SIGNATURE	Slootline, broad or printed name	of registered agent and little if applicable	(NOTE: Registe	red Age	nt signature	g required when reinstaling) DATE
12.		FICERS AND DIRECTORS	13	<u>~</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	PD	□ DI	LETE 1.1	TITLE		Change Addition
NAME	FELDSOTT, LOUIS		1.2	NAME		
STREET ADDRESS	71 STONELEIGH R	D.	1.3	STREET	ADDRESS	
CITY-ST-ZIP	SCARSDALE NY		1.4	CITY-S	T-ZIP	
TITLE	ST	DI	LETE 21	TITLE		Change Addition
NAME .	FELDSOTT, EDWAI	RD.	2.2	NAME		,
STREET ADDRESS	51 BRIDLE PATH L	ANE.	2.3	STREET	ADDRESS	
CITY-ST-ZIP	MAHWAH, NJ.		2 4	1 CITY-S	ST-ZIP	
TITLE	VD	□ Di	LETE 31	TITLE		Change Addition
NAME	DAVIS, DAVE.		32	NAME		
STREET ADDRESS	8613 MILES ROAD		33	STREET	ADDRESS	
CITY-ST-ZIP	ODESSA FL		3.4	. City-S	ST - ZIP	
TITLE		□ D(	LETE 4.1	TITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S	T-ZIP	
TITLE		□ DI	LETE 5.1	TITLE		☐ Change ☐ Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S	1 - ZIP	
TITLE		DI	LETE 6.1	TITLE		☐ Change ☐ Addition
NAME			62	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP			6.4	CITY-S	T-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIONATURE.

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