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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 384783

(7)

	A II HEALIY, INC.								
Principal Place of Business Mailing Address							#1817 E1817 B14	** • *** • • • • • • • • • • • • • • •	91811 (83)
2080 RINGLING BLVD. 2080 RINGLING BLV SARASOTA FL 34237-7030 SARASOTA FL 3423			041						
						3. Date incorporated or Qualified 06/30/1971		e of Last R 2/1996	eport
2. Principa	2a. Mailing Address	Address			4. FEI Number		Ap	plied For	
21		26	<u> </u>			59-1404860	······································		t Applicable
22	Apt. #, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & 5	Slate	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	Country Zip		Cou	untry		8. This corporation has liability for			. 199.032,
24	25	29	30	·				No	
Name and Address of Current Registered Agent					Name	10. Name and Address of New Re	gistered A	gent	
CLARKE, MICHAEL A					Trairie				
2080 RINGLING BLVD SARASOTA FL				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
SARASOTA FL				83					
				84	City		-,-	85 Zip (Code
					Gity		FL	op Zip	Code
office agent SIGNATUR	ant to the provisions of Sections 607.0t or registered agent, or both, in the Sta I am familiar with, and accept the obli RE							changing it intment as	s registered registered
	Signature Typed or printed name of registered a			d Age	ent signature require	ed when reinstating)	DATE	NOTOTOD	0.11.10
12.	D OFFICERS A	ND DIRECTORS DELETE	13.	13. 11 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12
NAME	CLARKE, MICHAEL A	-		IAME				Orientic	L J AGGREGIA
STREET ADDRE	AAAA BULIALMIA BULA		1		ADDRESS				
CHTY - ST - ZIP	SARASOTA, FL 00000		1.4 City-St-ZiP						
TITLE	PST			21 TITLE				Change	☐ Addition
NAME	CLARKE, MICHAEL A		2.2 N	2.2 NAME				-	
STREET ADDRE	2080 RINGLING BLVD		238	TAEET	ADDRESS				
CITY - ST - ZIP	SARASOTA, FL 00000		2 4 0	OTY-S	ST-ZIP				
BILE	DELETE		3 1 TI	31 TITLE				Change	Addition
NAME			32 N	AME					
STREET ADDRE	ESS		335	TREET	ADDRESS				
CHTY - S1 - ZIP			****		ST-ZIP				
TITLE		DELETE	4.1 Ti				Į	Change	Addition
NAME			4.21						
STREET ADDRE	ESS				ADDRESS				
CITY - S1 - ZIP				ITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	,	1 6.	- 1,000
TITLE		DELETE	5.1 Ti				l	Change	Addition
NAME			52 N	AMF	ı				

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 dorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of thappears in Block 12 or Block

61 TITLE

62 NAME

53 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS 64 DITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - S1 - 7IP TITLE

CHTY - S1 - ZIP

NAME STREET ADORESS

DELETE

Michael A. Clarke, as President 941/366-2141

☐ Change

FILED

Apr 18 1997 8:00am

Secretary of State

Addition