

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 436421

1. Corporation Name

LADIES CENTER PENSACOLA, INC.

Principal Place of Business

6770 North 9th Avenue

Pensacola, FL 32504

Mailing Address

12000 Biscayne Blvd.

705

North Miami, FL 33181

3. Date Incorporated or Qualified

9/19/73

3a. Date of Last Report

5/1/95

4. FEI Number

59-1517121

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6770 North 9th Avenue

26 12000 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 #705

City & State

City & State

23 Pensacola, FL

28 North Miami, FL

Zip

Country

Zip

Country

24 32504

25

29 33181

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHT, PAUL

12000 Biscayne Boulevard #705

North Miami FL 33181

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 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

Signature of person named as registered agent in Block 9

Signature of Registered Agent (Signature required for registration)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME LEIGHT, PAUL

STREET ADDRESS 1360 97th St.

CITY-ST-ZIP Miami Beach, FL

TITLE D ☐ DELETE

NAME LEIGHT, LYNN

STREET ADDRESS 1360 97th St.

CITY-ST-ZIP Miami Beach, FL

TITLE T ☐ DELETE

NAME LEIGHT, LYNN

STREET ADDRESS 1360 97th St.

CITY-ST-ZIP Miami Beach, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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)(k), 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 checked or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LEIGHT

5/22/96

PAUL LEIGHT

Digitally Signed by

325 001 3225

CR2E034 (12/95)