ANNU	PROFIT PORATION JAL REPORT 1996	Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
DOCUI 1. Corporation O.E. R		69 (5)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Place 4117 DEL PR CAPE CORAL	1ADO Blad Sauth	Mailing Address 4117 DEL PRADO CAPE CORAL FL 33904	Blod South	- I JOHN HOUNT PRESE DIVIDI JANU ENIE	& 10 71 01014 01011 01011 019	FT 01810 01011 1801
				 Date Incorporated or Qualified 04/29/1975 	3a. Date of Last I 03/24/19	
2. Principal Pla	ace of Business	2a. Malling Address 26		4. FEI Number 59-1609017		Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	5 Additional Required
City & State	>	City & State		6. Election Campaign Financing	_□ \$5.0	00 May Be
3 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for		ed to Fees s 199.032.
4	25 9. Name and Address of Curre	29 ont Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	Sepistered Agent	
1633 SE	GS, HARVEY E 47TH TERRACE AROL HOSPITAL		F-10 10 10 10 10 10 10 10 10 10 10 10 10 1	ress (P.O. Box Number is Not Acceptal	·	
1633 SE CAPE C CAPE C 11. Pursuant t or register familiar with SIGNATURE	47TH TERRACE AROL HOSPITAL ORAL FL 33904	rida. Such change was authorize stion 607.0505, Florida Statutes.	83 84 City s, the above named corporation's boa	oration submits this statement for the purant of directors. I hereby accept the app	FL 85 7	d agent. Fam
1633 SE CAPE C CAPE C 11. Pursuant t or register familiar wit SIGNATURE	47TH TERRACE AROL HOSPITAL ORAL FL 33904 o the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida, Such change was authorize tion 607.0505, Florida Statutes. it and title i' applicatio. (NO ND DIRECTORS	83 84 City bs, the above-named corporation's board by the corporation's board by the corporation's spratne reques 13.	oration submits this statement for the purant of directors. I hereby accept the app	FL 85 Z rpose of changing its pointment as registere	registered office d agent. I am
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