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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 515193

(1)

1. Corporation Name

FLORIDA GARDENS REALTY, INC.

Principal Place of Business

**4 OHIO ROAD
LAKE WORTH FL 33467**

Mailing Address

**4 OHIO ROAD
LAKE WORTH FL 33467**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BEACHLER, MARK A
4 OHIO ROAD
LAKE WORTH FL 33463**

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 607.08(2) and 607.15(3), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

1. TITLE

1. TITLE

NAME

1. NAME

STREET ADDRESS

1. STREET ADDRESS

CITY-ST-ZIP

1. CITY-ST-ZIP

2. TITLE

2. TITLE

NAME

2. NAME

STREET ADDRESS

2. STREET ADDRESS

CITY-ST-ZIP

2. CITY-ST-ZIP

3. TITLE

3. TITLE

NAME

3. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY-ST-ZIP

3. CITY-ST-ZIP

4. TITLE

4. TITLE

NAME

4. NAME

STREET ADDRESS

4. STREET ADDRESS

CITY-ST-ZIP

4. CITY-ST-ZIP

5. TITLE

5. TITLE

NAME

5. NAME

STREET ADDRESS

5. STREET ADDRESS

CITY-ST-ZIP

5. CITY-ST-ZIP

6. TITLE

6. TITLE

NAME

6. NAME

STREET ADDRESS

6. STREET ADDRESS

CITY-ST-ZIP

6. 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)(a), Florida Statutes. I further certify that the information indicated for the name of registered agent and director 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, and the name of the officer or director is properly entered on the certificate as required by Chapter 607, Florida Statutes. And that my name appears in Block 12 or Block 13 if changed, except for the listed with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Beachler Pres.

3/6/96

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