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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 601509** 

(3)

## **FILED** Mar 17 1997 8:00am Secretary of State

|   | D E. PROMIN MD PA  | Molina Address                   |                                 |                              |   |  |
|---|--|----------------------------------|---------------------------------|------------------------------|---|--|
| Principal Place of Business Mailing Address  2215 FORT KING  2215 FORT KING |  |                                  |                                 |                              |   |  |
| OGALA FL 326  | 71   | OCALA FL 32671                   |                                 |                              |   |  |
|   |  |                                  |                                 |                              | 3. Date Incorporated or Qualified 10/03/1969                                  | 3a. Date of Last Report 04/05/1996       |
| 2. Principal Place of Business  |  | 2a. Mailing Address              |                                 |                              | 4. FEI Number   | Applied For                              |
| 21 Suite, Apt. #, etc.  |  | 26  <br>  Suite, Apt. #, etc.    |                                 |                              | 59-1271578  | Not Applicable  \$8.75 Additional        |
| 22  |  | 27                               |                                 |                              | 5. Certificate of Status Desired  | Fee Required                             |
| City & State  |  | City & State                     |                                 |                              | 6. Election Campaign Financing  | \$5.00 May Be                            |
| 23  |  | 28                               |                                 | · · ·                        | Trust Fund Contribution   | Added to Fees                            |
| Zip<br>24 344   | Country  | Zip                              | Country                         |                              | 8. This corporation has liability for   | intangible tax under s 199.032,  XYes No |
| 24 344  | 7   25  <br>9. Name and Address of Curre   | 29 3441 (                        | 30                              |                              | Florida Statutes  10. Name and Address of New R                               |  |
| PRO   | MIN, RICHARD E   |                                  | 81 [                            | Name                         |   |  |
|   | 5 FT KING  |                                  | 82                              | Street Addre                 | ess (P.O. Box Number is Not Accepta   | ible)                                    |
| OCA   | NA FL 32871 34471  |                                  |                                 |                              |   |  |
|   |  |                                  | 83                              |                              |   |  |
|   |  |                                  | 84 (                            | City                         |   | FL 85 Zip Code                           |
| office or r<br>agent. I a   | to the provisions of Sections 607.050<br>egislered agent, or both, in the State<br>m familiar with, and accept the oblig   | o of Horida. Such change was a   | authorized by th                | iamed corpo<br>ne corporatio | oration submits this statement for the on's board of directors. I hereby acce | purpose of changing its registered       |
| SIGNATURE   | Signature, typical or printed manic of registeresting  | ent and fille if applicable (NOT | E Projistered Agent :           | s gnature require            | d when reinstating)   | DATE                                     |
| 12.   |  | ID DIRECTORS                     | 13.                             |                              | ADDITIONS/CHANGES TO OFFI   |  |
| TITLE   | PD<br>PROMIN, RICHARD E  | LI DELFTE                        | 1 1 1111 E<br>1 2 NAME          |                              |   | Change Addition                          |
| NAME<br>STREET ADDRESS  | 2215 FT KING   |                                  | 1 3 STREET AD                   | PS-SAU                       |   |  |
| CITY-ST-ZIP   | OCALA FL 34411   |                                  | 14 CITY-ST-                     |                              |   |  |
| TITLE   | The state of the s | ☐ DELFTE                         | 211111.1                        |                              |   | Change Addition                          |
| NAME  |  |                                  | 2.2 NAME                        |                              |   |  |
| STREET ADDRESS  |  |                                  | 2 3 STREET ADDRESS              |                              |   |  |
| CITY-ST-ZIP<br>TITLE  | 2 4 CITY- DELETE 31 TITLE  |                                  | 2 4 CITY - ST -                 | 7(P                          |   | Change Addition                          |
| NAME  |  | DERVE                            | 32 NAME                         |                              |   |  |
| STREET ADDRESS  |  |                                  |                                 | DRESS                        |   |  |
| CITY-ST-ZIP   | 34.0   |                                  | 34. CITY-\$1-                   | ZIP                          |   |  |
| TITLE   |  | DELFTE                           | 411111                          |                              |   | Change Addition                          |
| NAME  |  |                                  | 4 2 NAME                        | •                            |   |  |
| STREET ADDRESS  |  |                                  | 4.3 STREET AD                   | }                            |   |  |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                           | 4 4 CITY - ST - 7IP<br>5 1 THUE |                              |   | Change Addition                          |
| NAME  |  |                                  | 52 NAME                         | 1                            |   |  |
| STREET ADDRESS  |  |                                  | 53 STREET AD                    | DRESS                        |   |  |
| CITY-ST-ZIP   | Andrew Marine 1974 Walnut T. F. F. F.  |                                  | 54 CHY-S1-7                     | ZIP                          |   |  |
| TITLE   |  | ☐ DELETE                         | 6111111                         | 1                            |   | ☐ Change ☐ Addition                      |
| NAME  |  |                                  | 6.2 NAME                        |                              |   |  |
| STREET ADDRESS  |  |                                  | 63 STHELT AD                    | 1                            |   |  |
| CITY-ST-ZIP   | L.,  |                                  | 64 CITY - ST -                  | 7P L                         | 110 07/0//  |  |

I do hereby certify that the infermation 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 attackment with an address.