

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:09

DOCUMENT # 719277 (6)

1. Corporation Name

CORINTHIAN GARDENS, INC.

Principal Place of Business

501 S. W. 11TH PLACE
BOCA RATON FL 33432

Mailing Address

501 S. W. 11TH PLACE
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1970

3a. Date of Last Report
02/11/1994

4. FEI Number

59-1452317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

CHEFFINS GROVER
501 SW 11TH PLACE APT. 410B
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name JAMES F. ELLIS
82 Street Address (P.O. Box Number is Not Acceptable)
501 S.W. 11TH PLACE
83
84 City BOCA RATON FL 85 Zip Code 33432

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 JAMES F. ELLIS

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when Florida Statute 607.1508 is used.)

2-16-95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHEFFINS, GROVER
STREET ADDRESS 501 SW 11TH PLACE APT. 410B
CITY-ST-ZIP BOCA RATON FL

TITLE PD
NAME ELLIS, JAMES
STREET ADDRESS 501 SW 11TH PLACE APT. 104A
CITY-ST-ZIP BOCA RATON FL

TITLE TD
NAME DALEY, SHERMAN
STREET ADDRESS 501 SW 11TH PLACE APT 315C
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME COOK, RUTH
STREET ADDRESS 501 SW 11TH PL. 212B
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE SD
NAME MCQUESTEN, CHIFFORD
STREET ADDRESS 501 SW 11TH PLACE APT. 1140
CITY-ST-ZIP BOCA RATON FL

TITLE SD
NAME SOUTHWICK, GEORGE
STREET ADDRESS 501 W 11TH PL, APT 408B
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME HOLLAND, THOMAS
1.3 STREET ADDRESS 501 S.W. 11TH PLACE, APT. 103A
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME DIOLA, PHILIP
3.3 STREET ADDRESS 501 S.W. 11TH PLACE,
3.4 CITY-ST-ZIP BOCA RATON, FL 33432

4.1 TITLE
4.2 NAME WILSON, CAROLE
4.3 STREET ADDRESS 501 S.W. 11TH PLACE
4.4 CITY-ST-ZIP BOCA RATON, FL 33432

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

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES F. ELLIS

2-16-95

407-750-0907