FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

722805

(9)

DOCUMENT # RAPALLO SOUTH, INC.

ואו אבני	0 000111; itto:										
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1801 S. FLAGL W. PALM BEAC		1901 S. FLAGLER DR. W. PALM BEACH FL 33	401								
						3.	Date Incorporated or Qualified 03/01/1972		te of Las)4/27/	st Report 1995	
2. Principal Pla	ice of Business	2a. Mailing Address 26				4.	4. FEI Number 59-1440220			Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees	
Zip 24	Country 25	Ζφ 29	Zip Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes □ No No. 199.032, This corporation has liability for intangible tax under s. 199.032,				
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New	Registered	Agent		
				81	Name						
	GULDAN, YEAGER & GERSON IM BEACH LAKES BLVD.		82 S			kddress (P	O. Box Number is Not Accepta	ble)			
	LM BEACH FL 33402			83							
				84	City			FL	,	Zip Code	
or register familiar wit SIGNATURE	o the provisions of Sections 617,0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Synamic, sped or printed name of registered agent	da. Such change was authora ion 617,0503, Florida Statute:	zea by the i s. O't Raystere	corp	oration s d	board of C	renstatry)	OATE			
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO OF				
TITLÉ	PD	☐ DELETE	1.1 T	ITLE		TD			Unang	e XX Addition	
NAME	WEINER, ERNEST M.		1.2 N	AME			RTZ, PAUL				
STREET ADORESS	1801 S. FLAGLER DRIVE				ADDRESS		S. FLAGLER DRIVE	E			
CITY - ST - ZIP	W PALM BCH, FL 00000	Ellos cu			IT - ZIP		LM_BCH, FL_33401		☐ Chang	e XX Addition	
TITLE	VD	☐ DELETE	2 1 T		- 1	D			Chang	s XX Addition	
NAME	WILCOXSON, BILLY		22 N				BRIDE, NICHOLAS	_			
STREET ADDRESS	1801 S. FLAGLER DR. W PALM BCH, FL 00000				ADDRESS		S. FLAGLER DRIVE	<u>i</u>			
CITY-ST-ZIP	SD SD	DELETE	3.1 T		ST - ZIP		LM BCH, FL 33401		Chang	e XX Addition	
TITLE	CARR, FRANCES	Постен		AME		D	PDM CUID			AA.	
NAME CARCET ADDRESS	1801 S FLAGLER DR				ADDRESS		ERT, CHIP				
STREET ADDRESS	W PALM BCH, FL 00000		•		ST-ZIP		S FLAGLER DRIVE LM BCH, FL 33401				
CITY - ST - ZIP TITLE	VD VD	DELETE	411			₩₽A	<u>ым Бын, Рь ээччі</u>		Chang	je 🔲 Addition	
NAME	LEWIS, LOTTIE FRENCH		4 2	NAME							
STREET ADDRESS	1801 S. FLAGLER DRIVE				I ADDRESS						
CITY - ST - ZIP	W. PALM BEACH FL		440	aty - S	S1 - 21P						
TITLE	D	DELETE	511						Chang	ge 🔲 Addition	
NAME	PERLMAN, TERRY		521	IAME							
STREET ADDRESS	1801 S. FLAGLER DRIVE		533	TREE	T ADDRESS	l					
CITY - ST - ZIP	W. PALM BEACH FL		540	017 Y - 5	ST - ZIP						
TITLE	D	☐ DELETE	611	ITLE					Chang	ge 🔲 Addition	
NAME	ERDMAN, JOAN		621	MAME		1					
STREET ADDRESS	1801 S. FLAGER DR.		633	STREE	I ADDRESS						
OUTV OF 315	WEST PALM BEACH FL		64	CITY -	ST - ZIP	<u></u>					
14. Ldo herek	by certify that the information supplied	with this filing is voluntary fu	rnished and	doe	es not qua	alify for the	e exemption stated in Section 11	9.07(3)(k), FI	orida Sta	atutes. I further	

certify that the information indigated on this annual report or supplemental annual report or true exemption stated in Section 119.07(s), blonds statutes. I further certify that the information indigated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as finade under oath; that I am an officer or directors 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 inchanged, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF MEDICAL TOP OF SIGNING OFFICER OR DIRECTOR OF MEDICAL TOP OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR OR DI

SIGNATURE:

407-832-7581