

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750734 (6)  
 1. Corporation Name  
 7109 MAINTENANCE CORPORATION



Principal Place of Business: 7109 N.W. 11TH PLACE, GAINESVILLE FL 32605  
 Mailing Address: 7109 N.W. 11TH PLACE, GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 01/23/1980  
 3a. Date of Last Report: 02/02/1995  
 4. FEI Number: 59-1989884  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

9. Name and Address of Current Registered Agent  
 BAKER, R JOHNSON  
 7109 NW 11TH PLACE  
 GAINESVILLE FL 32605

10. Name and Address of New Registered Agent  
 81 Name: Shaheda Qaiyumi, M.D.  
 82 Street Address (P.O. Box Number is Not Acceptable): 7109 NW 11 Place  
 83 Suite A  
 84 City: Florida  
 85 Zip Code: FL 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Shaheda Qaiyumi* SHAHEDA QAIYUMI  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRYFUSS, JOHN	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, R JOHNSON	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LANDAY, STEPHEN E	
STREET ADDRESS	7109 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QAIYUMI, SHAHEDA	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEITZEL, KENT	
STREET ADDRESS	7109 N.W. 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001888867
5.3 STREET ADDRESS	-07/10/96--01013--010
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(k), 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: *Shaheda Qaiyumi* Shaheda Qaiyumi, M.D., P.A.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 7109 N.W. 11TH PLACE, SUITE A  
 Date: 10-96 Daytime Phone #: 352-331-2890  
 Gainesville, Florida 32605

CR2E037 (3/96)