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

DOCUMENT # 751907

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032	1. Corporation Name EIGHTEEN SEVENTY-TWO SOUTH TRAIL, INC. Principal Place of Business Mailing Address 1872 S TRAIL. STE D VENICE FL 34293 VENICE FL 34293								
Supplementary Supplementar						3. Date Incorporated or Quali 04/07/1980	fied 3a. D	Date of Last 04/21/1	Report 995
Subject Subj	2. Principal Pl				4. FEI Number 59-223519		-		
Country 28 State 28 Country 29 Countr						5. Certificate of Status Desire	q 🗀	\$8.75	Additional
Zop	City & State	е		City & State			yg 🔲	\$5.0	0 May Be
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BERG, SKIP 1872 S TRAIL, STE D 22 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Currer	nt Registered Agent						
11				81	Name				
VENICE, FL 33595 84				82	Street Add/e	ess (P.O. Box Number is Not Acce	ptable)		
Support Supp				83					
The 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 was authorized by the corporation's ubmits this statement for the purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am state of Florida. Section 617.0503, Florida Statutes. SIGNATURE Systems: Upped or primet name of mystered agent and as a section of the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this statement for the purpose of changing in the corporation's ubmits this corporation is upposed or purpose of changing in the corporation's ubmits this corporation is upposed or purpose of changing in the corporation of the	•	· -							
11. Parsuant to the provisions of Sections 617,0502 and 617,1508, Findrida Statuties, the above named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Such charge was sufficiency by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm family and accept the obligations of, Section 617,0503, Florida Statutes. Signature Superior typed or protect name of registered agent and site if agoldate.				84	City		FI	85 Zip	Code
13. ADDITIONS*CHANGES TO OFFICE RS AND DIRECTORS IN 12	SIGNATURE						purpose of ch appointment as	anging its resistered	egistered office agent. I am
TITLE					signature required				
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• For 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: _

NA URE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

3-15-96 (94) 493-587