

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:22

**DOCUMENT # 766976 (5)**

1. Corporation Name  
**PARK LAKE HEALTH CARE AUXILIARY, INC.**

Principal Place of Business Mailing Address  
1010 VIRGINIA DRIVE 1010 VIRGINIA DRIVE  
1812 IVANHOE ROAD 1812 IVANHOE ROAD  
ORLANDO FL 32803 ORLANDO FL 32803  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1983 3a. Date of Last Report 04/04/1994  
4. FEI Number 59-2289090 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1010 Virginia Dr. 26 1010 Virginia Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 Orlando FL 28 Orlando FL  
City & State City & State  
24 Zip 32803 25 Country Orange 29 Zip 32803 30 Country Orange

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  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SCHWARTZ, MURRAY  
1010 VIRGINIA DRIVE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *Murray Schwartz* *Murray Schwartz* *6/7/95*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHWARTZ, MURRAY
STREET ADDRESS	1010 VIRGINIA DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	LEVITT, ROSALIND
STREET ADDRESS	1817 SOUTH SUMMERLIN
CITY - ST - ZIP	ORLANDO FL
TITLE	STD
NAME	WITTENSTEIN, JOSEPH
STREET ADDRESS	1812 IVANHOE RD.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)

CP2E037 (3/95)