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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

F15799

PROVENANCE, INC.

Principal Place of Bu	siness
817 BEACHLAND	BLVD
MERO DEADULE	00000

Mailing Address



OUT DEACHS								
VERO BEACH	AND BLVD 4 FL 32963	817 BEACHLAND B VERO BEACH FL 3						
00					<ol> <li>Date Incorporated or Qualified 01/22/1981</li> </ol>	3a. Date o	of Last Re 7/18/19	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			pplied For
11		26			59-2080742			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		Oity & State			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zφ	Country	Zip	Country		8. This corporation has liability for i	intang-ble tax	under s	199.032,
4	25	29	30			□No		
	9. Name and Address of Curre	nt Registered Agent			<ol><li>Name and Address of New R</li></ol>	legistered A	gent	
			81  N	lame				
	, Charles e Achland Blvd		<b>82</b> S	treet Address	(P.O. Box Number is Not Acceptab	ole)		
	EACH FL 32963		83					
			<b>84</b> C	Dity		FL	85 Zıçı	Code
or registere familiar with	the provisions of Sections 607,050 d agent, or both, in the State of Flor n, and accept the obligations of Sec	rda. Such change was author	inzed by the corporal	ned corporation ition's board of	i submits mis statement for the pul- i directors. I hereby accept the app	ointment as n	egistered	agent Lam
SIGNATURE								
	opinione typed or protection data of higher diago-	·	the Tr. Registered Agent squ	posture response who		DA't	NIDECTO	DC INI 12
12.	OFFICERS AN	ND DIRECTORS	13.	posture responsor est a	additions/changes to off	ICERS AND I		
12. Ti*Lf	OFFICERS AN	·	<b>13.</b> 1 1 Tifl F	prature responses set e		ICERS AND I	DIRECTO   Change	RS IN 12
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confinely 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 disjoint or the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address

SIGNATURE:

LEO MA LEO MA LEO MA LEO DE SIGNING OFFICER ON DIRECTOR

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