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**'95 APR 14 PM 3:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G19349 (1)**

**1. Corporation Name  
AARDVARK ENTERPRISES OF THE PALM BEACHES, INC.**

<b>Principal Place of Business</b> INC. 10975 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	<b>Mailing Address</b> INC. 10975 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE.

<b>3. Date Incorporated or Qualified</b> 01/19/1983	<b>3a. Date of Last Report</b> 06/06/1994
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<b>2. Principal Place of Business</b> 21 10967 Suite, Apt. #, etc. 22 NORTH MILITARY TRAIL City & State 23 PALM BEACH GARDENS FL Zip Country 24 33410 25 USA	<b>2a. Mailing Address</b> 26 10967 Suite, Apt. #, etc. 27 NORTH MILITARY TRAIL City & State 28 PALM BEACH GARDENS FL Zip Country 29 33410 30 USA
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<b>4. FEI Number</b> 59-2248276	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
LEVINE, JAY STEVEN, ESQ.  
824 U.S. HWY. ONE, SUITE 310  
NORTH PALM BEACH FL 33408

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>85 Zip Code</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83</b>	
<b>84 City</b>	<b>FL</b>

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ (Signature typed or printed name of registered agent and fee applicant) (NOTE: Registered Agent signature required when registering) **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>PRENTICE, WILLIAM R.</b>
<b>STREET ADDRESS</b>	<b>702 WARREN DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>JUPITER FL</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>PRENTICE, MARY D.</b>
<b>STREET ADDRESS</b>	<b>702 WARREN DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>JUPITER FL</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>PRENTICE, JODY L.</b>
<b>STREET ADDRESS</b>	<b>290 CUMBERLAND WAY</b>
<b>CITY - ST - ZIP</b>	<b>SMYRNA GA</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>PRENTICE, W MICHAEL</b>
<b>STREET ADDRESS</b>	<b>1975 ROCKDALE CIRCLE</b>
<b>CITY - ST - ZIP</b>	<b>SNELLVILLE GA</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b>	
<b>13 STREET ADDRESS</b>	
<b>14 CITY - ST - ZIP</b>	
<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY - ST - ZIP</b>	
<b>31 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	<b>830A JOHANNE PLACE</b>
<b>34 CITY - ST - ZIP</b>	<b>COLORADO SPRINGS, COLORADO 80906</b>
<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY - ST - ZIP</b>	
<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY - ST - ZIP</b>	
<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY - ST - ZIP</b>	

**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 associate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *W.R. Prentice* **W.R. PRENTICE** **04/11/95** **407-676-0770**  
(Signature typed or printed name of signing officer or director) (Typed Name)