## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76953
PRISCILLA S. GERARD, C.P.A., P.A.

(9)

FILED Apr 28 1997 8:00am Secretary of State

of Business	Mailing Addross	ı iddildi. Bili iddin bilin dibir dilbi bili dibir dibir dibir dibir bibir dibir iddi.

Principal Place of Business		Mailing Address			•		•			
P.O. BOX 185 BABSON PARK FL 33827		P.O. BOX 185 BABSON PARK FL 33827-0185								
					3. Date Incorporated or Qualified 3a. Date of Last Rep 09/30/1985 05/01/1996				sport	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1	Ĺ	Ap	plied For	
21		26					t Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & Stat	le	City & State			6. Election Campaign Financing		\$5	.00	May Be	
23		28			Trust Fund Contribution		Added to Fees			
Zip Country		Žip –	Country		8. This corporation has liability for in		-	der s.	199.032,	
24	25	29	30			Yes [				
	9, Name and Address of Curren	t Registered Agent	81	l	10. Name and Address of New Reg	stered A	tgent			
	ARD, PRISCILLA S.		61	Name						
	S S. SCENIC SON PARK FL 33827		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)				
			83		···· · · · · · · · · · · · · · · · · ·					
1			0.4	Oit :			Tarl		<u> </u>	
ĺ			84	City		FL	85	Zip C	2006	
office or agent. La	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typod or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorized by Iorida Statute	the corpora	rporation submits this statement for the patient's board of directors. I hereby acceptions when reinstaing)	t the appo	ointme	nt as i	registered	
12.	OFFICERS AND		13.	ик відпалие івці	ADDITIONS/CHANGES TO OFFIC		DIREC	TOR	S IN 12	
TITLE	PST	DELETE	1,1 TITLE		ADDITIONO/OFFANGEO TO OFFIC				Addition	
NAME	GERARD, PRISCILLA S.	C Section	1.2 NAME					•	C riddinoir	
STREET ADDRESS	1055 S. SCENIC		1.3 STREET	AUUNTEGG	230 S. Scenic					
CITY-ST-ZIP	BABSON PARK FL		1.4 CHY- S	1. 7/0	Robert Page Fl	33.	827	,		
TITLE	D	DELETE	2.1 10TLF	11-211	EUDSON 4 MANS		Ch	ange	Addition	
NAME	GERARD, PRISCILLA S.		2.2 NAME		<u>~</u>					
STREET ADORESS	1055 S. SCENIC		2.3 STREET	Anneres	830 S. Seesia					
CITY-ST-ZIP	BABSON PARK FL		2. 4 CHY-	ST - 7/P	830 S. Scenic Bubson PARK, FL 830 S. Scenic Bubson Park, FL	338	21			
TITLE		DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·	DADSON THIN J. T.	<u> </u>	Cha	ange	Addition	
NAME		•	3.2 NAME					•		
STREET ADDRESS			3.3 STHEET	ADDRESS						
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP						
TITLE		DELETE	4.1 1MLE				☐ Cha	ange	Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDRES\$						
CITY-ST-ZIP			4.4 CITY - S	T-ZiP						
TITLE		DELETE	5 1 TITLE			*** **	☐ Cha	ange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 \$1RE£1	ADDRES\$						
CITY-ST-ZIP			5.4 CITY - S	T - <b>Z</b> IP						
TITLE		DELETE	6.1 TITLE				Cha	ange	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRES\$						
CITY-ST-ZIP			6.4 CHTY - S	1 - ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an officer or director of the corporation or 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 13 if changed or on an attachment with an address.

CIONATUDE:

R2E034 (9/96)