

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J93148** (1)

1. Corporation Name

INTERNATIONAL PROMENADE, INC.



Principal Place of Business

**931 N PENNSYLVANIA AVE
P O BOX 895
WINTER PARK FL 32790**

Mailing Address

**P.O. BOX 3446
WINTER PARK FL 32790**

2. Principal Place of Business

21 **2487 Aloma Ave**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **Winter Park, FL**

Zip

24 **32792**

Country

25 **USA**

2a. Mailing Address

26 **P O Box 1748**

Suite, Apt. #, etc.

27

City & State

28 **Winter Park, FL**

Zip

29 **32790**

Country

30 **USA**

g. Name and Address of Current Registered Agent

* **GARDENER, JOSEPH J.
2487 ALOMA AVENUE
WINTER PARK FL 32792**

* Please correct
Spelling of
last name
and address

* **Gardner, Joseph J.
2487 Aloma Ave.**

3. Date Incorporated or Qualified

09/18/1987

3a. Date of Last Report

02/03/1995

4. FEI Number

59-2857866

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name and title of the person signing

Signature, typed or printed name and title of the person signing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **DP**
NAME **WALKER, R. LANCE**
STREET ADDRESS **931 N PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL**

☐ DELETE

TITLE **DVS**
NAME **FISHER, JOSEPH A.**
STREET ADDRESS **931 N PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL**

☐ DELETE

TITLE **DVS**
NAME **BECK, JOHN W.**
STREET ADDRESS **931 N PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL**

☒ DELETE

TITLE **VST**
NAME **BREWER, HERMAN R.**
STREET ADDRESS **931 N PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1. TITLE **DP**
2. NAME **Joseph J. Gardner**
3. STREET ADDRESS **2487 Aloma Ave**
4. CITY-ST-ZIP **Winter Park, FL 32792**

2. TITLE **DV** ☒ Change ☐ Addition

2. NAME **R. Lance Walker**
3. STREET ADDRESS **931 N. Pennsylvania Ave**
4. CITY-ST-ZIP **Winter Park, FL 32789**

3. TITLE **DVST** ☐ Change ☒ Addition

3. NAME **Robert N. Gardner**
4. STREET ADDRESS **2487 Aloma Ave**
5. CITY-ST-ZIP **Winter Park, FL 32792**

4. TITLE **DVS** ☐ Change ☐ Addition

4. NAME **Joseph A. Fisher**
5. STREET ADDRESS **931 N. Pennsylvania Ave**
6. CITY-ST-ZIP **Winter Park, FL 32789**

5. TITLE **DVS** ☐ Change ☐ Addition

5. NAME **John W. Beck**
6. STREET ADDRESS **931 N. Pennsylvania Ave**
7. CITY-ST-ZIP **Winter Park, FL 32789**

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. 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)(g), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert N. Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 674 1248
DATE OF FILING

CR2E034 (12/95)