

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 NOV -5 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37558

(9)

1. Corporation Name

TOTAL LIVING OF ORLANDO, INC.

Principal Place of Business

Mailing Address

380 S. SR. 434, SUITE 1004-154
ALTAMONTE SPRINGS FL 32714

380 S. SR. 434, SUITE 1004-154
ALTAMONTE SPRINGS FL 32714

REINSTATEMENT 96

3. Date Incorporated or Qualified 10/07/1988 3a. Date of Last Report Filed 10/17/1995

4. FEI Number 58-2914668 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 Fee

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 734 S O.B. +

25 380 S SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 APOPEX FL

28 ALTAMONTE SPRINGS

24 Zip

Country

29 Zip

Country

32703

ORANGE

32714

SEMI-ANAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBAN, RUBEN
9328 EDEN PARK ROAD
ALTAMONTE SPRINGS FL 32714

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 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

Ruben Ruban

Ruben Ruban

11-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	RUBAN, RUBEN	9328 EDEN PARK RD.	ALTAMONTE SPRINGS FL 32714	☐
STD	RUBAN, ARGENTINA	9328 EDEN PARK RD.	ALTAMONTE SPRINGS FL 32714	☐
V	RUBAN, RUBEN (JR)	9328 EDEN PARK RD.	ALTAMONTE SPRINGS FL 32714	☐
				☐
				☐
				☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		600001999016	-11/07/96-01050-008	☐	☐
		***375.00	***375.00	☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruben Ruban* 10-3-96 407-291-8652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/86)