FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 2:02

DOCUMENT # K86864 (1)

1. Corporation Name
FUNCTIONAL ABILITIES, INC.

Principal Place of Business	Mailing Address
~~36936 US 19 NORTH~~	~~36936 US 19 NORTH~~
~~PALM HARBOR FL 34684~~	PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1254 S. Pinellas Ave	26 1254 S. Pinellas Ave
22 Suite, Apt. #, etc. Tarpon Springs, Fl	27 Suite, Apt. #, etc. Tarpon Spring s Fl
23 City & State 34689	28 City & State 34689
24 Zip	25 Country USA
29 Zip	30 Country USA

4. FEI Number: 59-2953914 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAZIO, VANESSA M.
~~36936 US 19 N.~~
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

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 _____ DATE
Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when no address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	DAZIO, VANESSA M.	12 NAME	
STREET ADDRESS	~~2077 N. POINTE ALEXIS~~	13 STREET ADDRESS	1254 S. Pinellas Ave
CITY-ST-ZIP	~~TARPON SPRINGS FL~~	14 CITY-ST-ZIP	Tarpon Spring s Fl 34689
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information contained herein, including any required attachment, is true and accurate and that the electronic submission of this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: Vanessa M. Dazio VANESSA M. DAZIO 813 942 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0366047 CP